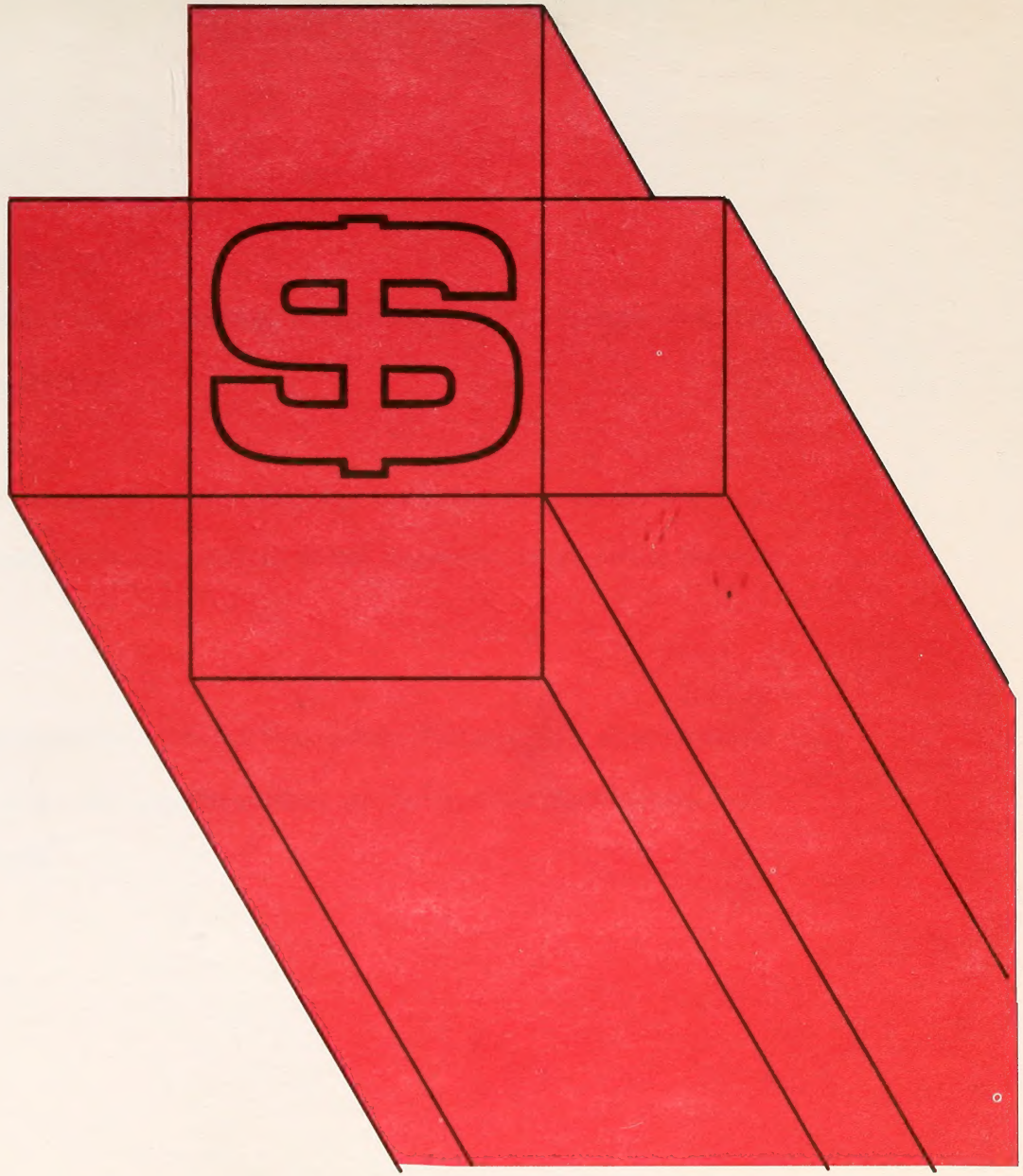
MEG
10.16

Medicare Directory of Prevailing Charges 1985

Supplement



U.S. Department of Health and Human Services

Health Care Financing Administration

MEG 10.16

Introduction

This 1985 supplement contains the laboratory fee schedule amounts for high volume laboratory procedures and in addition, selected, frequently used, durable medical equipment.

For laboratory tests performed on or after July 1, 1985 through June 30, 1986, the fee schedule amounts shown in the directory should be increased 4.1 percent. This represents the change in the consumer price index for the year July 1983 to July 1984.

This booklet should be used in conjunction with the Medicare Directory of Prevailing Charges 1984, stock number 017-060-00161-5, which is available for $9.00 a copy from the Superintendent of Documents Washington, D.C. 20402. To order by Mastercard or Visa call (202) 783-3238.

1985 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF ALABAMA

ALABAMA
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	01	02	03	04	
79	THREE CHEMISTRY TESTS	9.00L	9.00L	9.00L	9.00L	79
80	NINETEEN CHEMISTRY TESTS	27.00L	27.00L	27.00	27.00L	80
81	CULTURE - OTHER THAN BLOOD	18.00	18.00	18.00	18.00	81
82	HEMOGLOBIN	5.50L	5.50	5.50	5.50	82
83	AUTOMATED BLOOD COUNT	15.00	15.00	15.00	15.00	83
84	WHITE CELL COUNT	6.50L	6.50L	6.50L	6.50	84
85	COMPLETE BLOOD COUNT (CBC)	10.00	10.00L	10.00	10.00	85
86	CHOLESTEROL TEST	10.00L	10.00	10.00	10.00	86
87	FLOCCULATION TEST	10.00	10.00	10.00L	10.00	87
88	HEMATOCRIT	6.00	6.00	6.00	6.00	88
89	PLATELET COUNT (REES-ECKER)	10.00L	10.00	10.00	10.00	89
90	POTASSIUM TEST - BLOOD	10.00L	10.00	10.00	10.00	90
91	PROTHROMBIN TIME TEST	10.00	10.00	10.00	10.00	91
92	SEDIMENTATION RATE	9.00	9.00	9.00	9.00	92
93	BLOOD SUGAR	10.00L	10.00	10.00	10.00	93
94	BUN-UREA - NITROGEN	10.00L	10.00	10.00	10.00L	94
95	URIC ACID	10.00L	10.00	10.00L	10.00	95
96	FECES-OCCULT BLOOD-SCREENING	6.00	6.00L	6.00	6.00	96
97	PAP TEST	10.00L	10.00	10.00	10.00	97
98	ROUTINE URINALYSIS	8.00L	8.00	8.00L	8.00	98
99	CHEMICAL URINALYSIS	5.00	5.00	5.00	5.00	99
100	PATHOLOGY - THREE SPECIMENS	32.00L	32.00L		32.00	100
101	ELEC MONITORING-PACEMAKER		38.50*	30.00*	30.00*	101
104	HOSPITAL BED - RENTAL	47.50L	47.50L	47.50L	47.50L	104
105	WALKER - RENTAL	14.00L	14.00L	14.00	14.00L	105
106	WHEELCHAIR - RENTAL	31.00L	31.00L	31.00L	31.00	106
107	LIQUID OXYGEN - RENTAL	40.00L	40.00L			107
108	HOSPITAL BED - PURCHASE	450.00L	450.00L	450.00L	450.00L	108
109	WALKER - PURCHASE	59.10	59.10	59.10	59.10	109
110	WHEELCHAIR - PURCHASE					110

1985 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF ALABAMA

ALABAMA
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	05	06	
79	THREE CHEMISTRY TESTS	9.00L	9.00L	79
80	NINETEEN CHEMISTRY TESTS	27.00L	27.00L	80
81	CULTURE - OTHER THAN BLOOD	18.00L	18.00	81
82	HEMOGLOBIN	5.50L	5.50	82
83	AUTOMATED BLOOD COUNT	15.00L	15.00	83
84	WHITE CELL COUNT	6.50	6.50L	84
85	COMPLETE BLOOD COUNT (CBC)	10.00L	10.00	85
86	CHOLESTEROL TEST	10.00	10.00	86
87	FLOCCULATION TEST	10.00	10.00	87
88	HEMATOCRIT	6.00L	6.00	88
89	PLATELET COUNT (REES-ECKER)	10.00	10.00	89
90	POTASSIUM TEST - BLOOD	10.00	10.00L	90
91	PROTHROMBIN TIME TEST	10.00	10.00	91
92	SEDIMENTATION RATE	9.00L	9.00L	92
93	BLOOD SUGAR	10.00	10.00	93
94	BUN-UREA - NITROGEN	10.00	10.00L	94
95	URIC ACID	10.00	10.00	95
96	FECES-OCCULT BLOOD-SCREENING	6.00L	6.00L	96
97	PAP TEST	10.00	10.00L	97
98	ROUTINE URINALYSIS	8.00L	8.00	98
99	CHEMICAL URINALYSIS	5.00	5.00L	99
100	PATHOLOGY - THREE SPECIMENS	32.00		100
101	ELEC MONITORING-PACEMAKER	30.00*	30.00*	101
104	HOSPITAL BED - RENTAL	47.50L	47.50L	104
105	WALKER - RENTAL	14.00L	14.00L	105
106	WHEELCHAIR - RENTAL	31.00L	31.00L	106
107	LIQUID OXYGEN - RENTAL	40.00L	40.00L	107
108	HOSPITAL BED - PURCHASE	450.00L	450.00L	108
109	WALKER - PURCHASE	59.10L	59.10	109
110	WHEELCHAIR - PURCHASE			110

1985 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY

ALASKA
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	SINGLE	
79	THREE CHEMISTRY TESTS	14.40*	79
80	NINETEEN CHEMISTRY TESTS	18.00	80
81	CULTURE - OTHER THAN BLOOD	15.60	81
82	HEMOGLOBIN	5.40L	82
83	AUTOMATED BLOOD COUNT	9.60	83
84	WHITE CELL COUNT	6.30L	84
85	COMPLETE BLOOD COUNT (CBC)	13.20	85
86	CHOLESTEROL TEST	16.80	86
87	FLOCCULATION TEST	7.50	87
88	HEMATOCRIT	6.00	88
89	PLATELET COUNT (REES-ECKER)	9.00	89
90	POTASSIUM TEST - BLOOD	9.00	90
91	PROTHROMBIN TIME TEST	10.80	91
92	SEDIMENTATION RATE	9.00	92
93	BLOOD SUGAR	10.50	93
94	BUN-UREA - NITROGEN	14.10	94
95	URIC ACID	12.90	95
96	FECES-OCCULT BLOOD-SCREENING		96
97	PAP TEST	18.00	97
98	ROUTINE URINALYSIS	7.20	98
99	CHEMICAL URINALYSIS		99
100	PATHOLOGY - THREE SPECIMENS		100
101	ELEC MONITORING-PACEMAKER		101
104	HOSPITAL BED - RENTAL		104
105	WALKER - RENTAL		105
106	WHEELCHAIR - RENTAL		106
107	LIQUID OXYGEN - RENTAL		107
108	HOSPITAL BED - PURCHASE		108
109	WALKER - PURCHASE		109
110	WHEELCHAIR - PURCHASE		110

1985 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY

ARIZONA
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	01	02	05	07	
79	THREE CHEMISTRY TESTS	15.00	15.00	15.00	15.00	79
80	NINETEEN CHEMISTRY TESTS	13.20	13.20	13.20	13.20	80
81	CULTURE - OTHER THAN BLOOD	13.20	13.20		13.20	81
82	HEMOGLOBIN	4.80	4.80	4.80	4.80L	82
83	AUTOMATED BLOOD COUNT	6.60	6.60			83
84	WHITE CELL COUNT	3.60	3.60L	3.60		84
85	COMPLETE BLOOD COUNT (CBC)	7.20	7.20	7.20	7.20	85
86	CHOLESTEROL TEST	6.96	6.96			86
87	FLOCCULATION TEST	5.40	5.40		5.40	87
88	HEMATOCRIT	3.60L	3.60	3.60		88
89	PLATELET COUNT (REES-ECKER)	6.00	6.00	6.00	6.00	89
90	POTASSIUM TEST - BLOOD	6.00	6.00	6.00	6.00	90
91	PROTHROMBIN TIME TEST	6.00	6.00*	6.00	6.00	91
92	SEDIMENTATION RATE	5.40	5.40L	5.40	5.40	92
93	BLOOD SUGAR	6.00	6.00	6.00	6.00	93
94	BUN-UREA - NITROGEN	6.00	6.00	6.00		94
95	URIC ACID	7.20L	7.20	7.20	7.20	95
96	FECES-OCCULT BLOOD-SCREENING	3.60	3.60	3.60	3.60	96
97	PAP TEST	11.00	10.50	9.00	17.00	97
98	ROUTINE URINALYSIS	4.80	4.80	4.80L	4.80	98
99	CHEMICAL URINALYSIS					99
100	PATHOLOGY - THREE SPECIMENS	29.00	30.00	25.00		100
101	ELEC MONITORING-PACEMAKER	45.00	50.50*		42.00*	101
104	HOSPITAL BED - RENTAL					104
105	WALKER - RENTAL	15.10*	14.80*	15.10*	15.10*	105
106	WHEELCHAIR - RENTAL	31.50	34.00	34.00	34.00	106
107	LIQUID OXYGEN - RENTAL	50.00	53.00	53.00	53.00	107
108	HOSPITAL BED - PURCHASE	930.00	930.00	930.00L	930.00	108
109	WALKER - PURCHASE					109
110	WHEELCHAIR - PURCHASE					110

1985 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY

ARIZONA
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	08	99	
79	THREE CHEMISTRY TESTS	15.00	15.00	79
80	NINETEEN CHEMISTRY TESTS	13.20	13.20	80
81	CULTURE - OTHER THAN BLOOD	13.20	13.20	81
82	HEMOGLOBIN	4.80	4.80	82
83	AUTOMATED BLOOD COUNT		6.60	83
84	WHITE CELL COUNT	3.60	3.60	84
85	COMPLETE BLOOD COUNT (CBC)	7.20	7.20L	85
86	CHOLESTEROL TEST	6.96	6.96	86
87	FLOCCULATION TEST	5.40	5.40	87
88	HEMATOCRIT		3.60	88
89	PLATELET COUNT (REES-ECKER)	6.00	6.00	89
90	POTASSIUM TEST - BLOOD	6.00	6.00	90
91	PROTHROMBIN TIME TEST	6.00L	6.00	91
92	SEDIMENTATION RATE	5.40	5.40	92
93	BLOOD SUGAR	6.00	6.00L	93
94	BUN-UREA - NITROGEN	6.00	6.00	94
95	URIC ACID	7.20	7.20	95
96	FECES-OCCULT BLOOD-SCREENING	3.60	3.60	96
97	PAP TEST		12.00	97
98	ROUTINE URINALYSIS	4.80	4.80	98
99	CHEMICAL URINALYSIS			99
100	PATHOLOGY - THREE SPECIMENS		35.00	100
101	ELEC MONITORING-PACEMAKER	42.00*	42.00*	101
104	HOSPITAL BED - RENTAL			104
105	WALKER - RENTAL	15.10*	13.10*	105
106	WHEELCHAIR - RENTAL	34.00	46.00	106
107	LIQUID OXYGEN - RENTAL		53.00	107
108	HOSPITAL BED - PURCHASE	930.00	930.00	108
109	WALKER - PURCHASE			109
110	WHEELCHAIR - PURCHASE			110

1985 PREVAILING CHARGE SUMMARY DATA ARKANSAS B/C-B/S

ARKANSAS
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	SINGLE	
79	THREE CHEMISTRY TESTS		79
80	NINETEEN CHEMISTRY TESTS	15.00	80
81	CULTURE - OTHER THAN BLOOD		81
82	HEMOGLOBIN		82
83	AUTOMATED BLOOD COUNT		83
84	WHITE CELL COUNT	3.90	84
85	COMPLETE BLOOD COUNT (CBC)	8.40	85
86	CHOLESTEROL TEST	7.20	86
87	FLOCCULATION TEST		87
88	HEMATOCRIT	3.60	88
89	PLATELET COUNT (REES-ECKER)	6.60	89
90	POTASSIUM TEST - BLOOD	7.40	90
91	PROTHROMBIN TIME TEST	6.60	91
92	SEDIMENTATION RATE	5.40	92
93	BLOOD SUGAR	4.80	93
94	BUN-UREA - NITROGEN	7.20	94
95	URIC ACID	7.20	95
96	FECES-OCCULT BLOOD-SCREENING	4.50	96
97	PAP TEST	15.00	97
98	ROUTINE URINALYSIS	3.20	98
99	CHEMICAL URINALYSIS		99
100	PATHOLOGY - THREE SPECIMENS		100
101	ELEC MONITORING-PACEMAKER	45.00	101
104	HOSPITAL BED - RENTAL	100.00	104
105	WALKER - RENTAL	27.00	105
106	WHEELCHAIR - RENTAL	20.00	106
107	LIQUID OXYGEN - RENTAL	31.90L	107
108	HOSPITAL BED - PURCHASE	60.00	108
109	WALKER - PURCHASE	880.00	109
110	WHEELCHAIR - PURCHASE	183.58	110

1985 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE

CALIFORNIA
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	PSRO-01	PSRO-02	PSRO-03	PSRO-04	
79	THREE CHEMISTRY TESTS	15.00	15.00	15.00	15.00	79
80	NINETEEN CHEMISTRY TESTS	21.90	21.90	21.90	21.90	80
81	CULTURE - OTHER THAN BLOOD	9.00	9.00	9.00	9.00	81
82	HEMOGLOBIN	6.00	6.00	6.00	6.00	82
83	AUTOMATED BLOOD COUNT					83
84	WHITE CELL COUNT	2.40	2.40	2.40	2.40	84
85	COMPLETE BLOOD COUNT (CBC)	9.60	9.60	9.60	9.60	85
86	CHOLESTEROL TEST	7.20L	7.20L	7.20L	7.20L	86
87	FLOCCULATION TEST	6.60	6.60	6.60	6.60	87
88	HEMATOCRIT	4.80	4.80	4.80	4.80	88
89	PLATELET COUNT (REES-ECKER)	7.80	7.80	7.80	7.80	89
90	POTASSIUM TEST - BLOOD	7.20	7.20	7.20	7.20	90
91	PROTHROMBIN TIME TEST	7.20L	7.20L	7.20L	7.20L	91
92	SEDIMENTATION RATE	6.00L	6.00L	6.00L	6.00L	92
93	BLOOD SUGAR	7.20	7.20	7.20	7.20	93
94	BUN-UREA - NITROGEN	7.44	7.44L	7.44L	7.44L	94
95	URIC ACID	7.80L	7.80L	7.80L	7.80L	95
96	FECES-OCCULT BLOOD-SCREENING	6.00	6.00	6.00	6.00	96
97	PAP TEST	6.60	6.60	6.60	6.60	97
98	ROUTINE URINALYSIS	6.00L	6.00L	6.00L	6.00L	98
99	CHEMICAL URINALYSIS	3.60	3.60	3.60	3.60	99
100	PATHOLOGY - THREE SPECIMENS	21.90	21.90	21.90	21.90	100
101	ELEC MONITORING-PACEMAKER	39.87*	39.68*	42.02*	45.97*	101
104	HOSPITAL BED - RENTAL	59.85L	59.85L	59.85L	59.85L	104
105	WALKER - RENTAL					105
106	WHEELCHAIR - RENTAL					106
107	LIQUID OXYGEN - RENTAL	80.00	80.00	80.00	80.00	107
108	HOSPITAL BED - PURCHASE	671.00	671.00	671.00	671.00	108
109	WALKER - PURCHASE					109
110	WHEELCHAIR - PURCHASE					110

1985 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE

CALIFORNIA
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	PSRO-05	PSRO-06	PSRO-07	PSRO-08	
79	THREE CHEMISTRY TESTS	15.00	15.00	15.00	15.00	79
80	NINETEEN CHEMISTRY TESTS	21.90	21.90	21.90	21.90	80
81	CULTURE - OTHER THAN BLOOD	9.00	9.00	9.00	9.00	81
82	HEMOGLOBIN	6.00	6.00	6.00	6.00	82
83	AUTOMATED BLOOD COUNT					83
84	WHITE CELL COUNT	2.40	2.40	2.40	2.40	84
85	COMPLETE BLOOD COUNT (CBC)	9.60	9.60	9.60	9.60	85
86	CHOLESTEROL TEST	7.20L	7.20L	7.20L	7.20L	86
87	FLOCCULATION TEST	6.60	6.60	6.60	6.60	87
88	HEMATOCRIT	4.80	4.80	4.80	4.80	88
89	PLATELET COUNT (REES-ECKER)	7.80	7.80	7.80	7.80	89
90	POTASSIUM TEST - BLOOD	7.20	7.20	7.20	7.20	90
91	PROTHROMBIN TIME TEST	7.20L	7.20L	7.20L	7.20L	91
92	SEDIMENTATION RATE	6.00L	6.00L	6.00L	6.00L	92
93	BLOOD SUGAR	7.20	7.20	7.20	7.20	93
94	BUN-UREA - NITROGEN	7.44L	7.44	7.44L	7.44L	94
95	URIC ACID	7.80L	7.80L	7.80L	7.80L	95
96	FECES-OCCULT BLOOD-SCREENING	6.00	6.00	6.00	6.00	96
97	PAP TEST	6.60	6.60	6.60	6.60	97
98	ROUTINE URINALYSIS	6.00L	6.00L	6.00L	6.00L	98
99	CHEMICAL URINALYSIS	3.60	3.60	3.60	3.60	99
100	PATHOLOGY - THREE SPECIMENS	21.90	21.90	21.90	21.90	100
101	ELEC MONITORING-PACEMAKER	39.16*	40.29*	43.05*	38.76*	101
104	HOSPITAL BED - RENTAL	59.85L	59.85L	59.85L	59.85L	104
105	WALKER - RENTAL					105
106	WHEELCHAIR - RENTAL					106
107	LIQUID OXYGEN - RENTAL	80.00	80.00	80.00	80.00	107
108	HOSPITAL BED - PURCHASE	671.00	671.00	671.00	671.00	108
109	WALKER - PURCHASE					109
110	WHEELCHAIR - PURCHASE					110

1985 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE

CALIFORNIA
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	PSRO-09	PSRO-10	PSRO-11	PSRO-12	
79	THREE CHEMISTRY TESTS	15.00	15.00	15.00	15.00	79
80	NINETEEN CHEMISTRY TESTS	21.90	21.90	21.90	21.90	80
81	CULTURE - OTHER THAN BLOOD	9.00	9.00	9.00	9.00	81
82	HEMOGLOBIN	6.00	6.00	6.00	6.00	82
83	AUTOMATED BLOOD COUNT					83
84	WHITE CELL COUNT	2.40	2.40	2.40	2.40	84
85	COMPLETE BLOOD COUNT (CBC)	9.60	9.60	9.60	9.60	85
86	CHOLESTEROL TEST	7.20L	7.20L	7.20	7.20L	86
87	FLOCCULATION TEST	6.60	6.60	6.60	6.60	87
88	HEMATOCRIT	4.80	4.80	4.80	4.80	88
89	PLATELET COUNT (REES-ECKER)	7.80	7.80	7.80	7.80	89
90	POTASSIUM TEST - BLOOD	7.20	7.20	7.20	7.20	90
91	PROTHROMBIN TIME TEST	7.20L	7.20L	7.20L	7.20L	91
92	SEDIMENTATION RATE	6.00L	6.00L	6.00	6.00L	92
93	BLOOD SUGAR	7.20	7.20	7.20	7.20	93
94	BUN-UREA - NITROGEN	7.44L	7.44L	7.44	7.44L	94
95	URIC ACID	7.80L	7.80L	7.80L	7.80L	95
96	FECES-OCCULT BLOOD-SCREENING	6.00	6.00	6.00	6.00	96
97	PAP TEST	6.60	6.60	6.60	6.60	97
98	ROUTINE URINALYSIS	6.00L	6.00L	6.00L	6.00L	98
99	CHEMICAL URINALYSIS	3.60	3.60	3.60	3.60	99
100	PATHOLOGY - THREE SPECIMENS	21.90	21.90	21.90	21.90	100
101	ELEC MONITORING-PACEMAKER	40.19*	38.91*	41.38*	39.14*	101
104	HOSPITAL BED - RENTAL	59.85L	59.85L	59.85L	59.85L	104
105	WALKER - RENTAL					105
106	WHEELCHAIR - RENTAL					106
107	LIQUID OXYGEN - RENTAL	80.00	80.00	80.00	80.00	107
108	HOSPITAL BED - PURCHASE	671.00	671.00	671.00	671.00	108
109	WALKER - PURCHASE					109
110	WHEELCHAIR - PURCHASE					110

1985 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE

	PROCEDURE DESCRIPTION	CALIFORNIA COMBINED LOCALITY DESIGNATION PSRO-13	PSRO-14	PSRO-15	PSRO-27	
79	THREE CHEMISTRY TESTS	15.00	15.00	15.00	15.00	79
80	NINETEEN CHEMISTRY TESTS	21.90	21.90	21.90	21.90	80
81	CULTURE - OTHER THAN BLOOD	9.00	9.00	9.00	9.00	81
82	HEMOGLOBIN	6.00	6.00	6.00	6.00	82
83	AUTOMATED BLOOD COUNT					83
84	WHITE CELL COUNT	2.40	2.40	2.40	2.40	84
85	COMPLETE BLOOD COUNT (CBC)	9.60	9.60	9.60	9.60	85
86	CHOLESTEROL TEST	7.20L	7.20L	7.20	7.20L	86
87	FLOCCULATION TEST	6.60	6.60	6.60	6.60	87
88	HEMATOCRIT	4.80	4.80	4.80	4.80	88
89	PLATELET COUNT (REES-ECKER)	7.80	7.80	7.80	7.80	89
90	POTASSIUM TEST - BLOOD	7.20	7.20	7.20	7.20	90
91	PROTHROMBIN TIME TEST	7.20L	7.20L	7.20L	7.20L	91
92	SEDIMENTATION RATE	6.00L	6.00L	6.00L	6.00L	92
93	BLOOD SUGAR	7.20	7.20	7.20	7.20	93
94	BUN-UREA - NITROGEN	7.44	7.44L	7.44L	7.44L	94
95	URIC ACID	7.80L	7.80L	7.80L	7.80L	95
96	FECES-OCCULT BLOOD-SCREENING	6.00	6.00	6.00	6.00	96
97	PAP TEST	6.60	6.60	6.60	6.60	97
98	ROUTINE URINALYSIS	6.00L	6.00L	6.00L	6.00L	98
99	CHEMICAL URINALYSIS	3.60	3.60	3.60	3.60	99
100	PATHOLOGY - THREE SPECIMENS	21.90	21.90	21.90	21.90	100
101	ELEC MONITORING-PACEMAKER	39.08*	37.67*	51.04*	48.00	101
104	HOSPITAL BED - RENTAL	59.85L	59.85L	59.85L	59.85L	104
105	WALKER - RENTAL					105
106	WHEELCHAIR - RENTAL					106
107	LIQUID OXYGEN - RENTAL	80.00	80.00	80.00	80.00	107
108	HOSPITAL BED - PURCHASE	671.00	671.00	671.00	671.00	108
109	WALKER - PURCHASE					109
110	WHEELCHAIR - PURCHASE					110

1985 PREVAILING CHARGE SUMMARY DATA OCCIDENTAL LIFE INSURANCE CO.

CALIFORNIA
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	PSRO-16	PSRO-17	PSRO-18	PSRO-19	
79	THREE CHEMISTRY TESTS					79
80	NINETEEN CHEMISTRY TESTS					80
81	CULTURE - OTHER THAN BLOOD					81
82	HEMOGLOBIN					82
83	AUTOMATED BLOOD COUNT					83
84	WHITE CELL COUNT					84
85	COMPLETE BLOOD COUNT (CBC)					85
86	CHOLESTEROL TEST					86
87	FLOCCULATION TEST					87
88	HEMATOCRIT					88
89	PLATELET COUNT (REES-ECKER)					89
90	POTASSIUM TEST - BLOOD					90
91	PROTHROMBIN TIME TEST					91
92	SEDIMENTATION RATE					92
93	BLOOD SUGAR					93
94	BUN-UREA - NITROGEN					94
95	URIC ACID					95
96	FECES-OCCULT BLOOD-SCREENING					96
97	PAP TEST					97
98	ROUTINE URINALYSIS					98
99	CHEMICAL URINALYSIS					99
100	PATHOLOGY - THREE SPECIMENS					100
101	ELEC MONITORING-PACEMAKER					101
104	HOSPITAL BED - RENTAL	75.50L	75.50L	75.50L	75.50L	104
105	WALKER - RENTAL	42.00	42.00	42.00	42.00	105
106	WHEELCHAIR - RENTAL	40.00L	40.00L	40.00L	40.00L	106
107	LIQUID OXYGEN - RENTAL	75.00	75.00	75.00	75.00	107
108	HOSPITAL BED - PURCHASE	700.00L	700.00L	700.00L	700.00L	108
109	WALKER - PURCHASE	195.00	195.00	195.00	195.00	109
110	WHEELCHAIR - PURCHASE	282.00L	282.00L	282.00L	282.00L	110

1985 PREVAILING CHARGE SUMMARY DATA OCCIDENTAL LIFE INSURANCE CO.

CALIFORNIA
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	PSRO-20	PSRO-21	PSRO-22	PSRO-23	
79	THREE CHEMISTRY TESTS					79
80	NINETEEN CHEMISTRY TESTS					80
81	CULTURE - OTHER THAN BLOOD					81
82	HEMOGLOBIN					82
83	AUTOMATED BLOOD COUNT					83
84	WHITE CELL COUNT					84
85	COMPLETE BLOOD COUNT (CBC)					85
86	CHOLESTEROL TEST	9.00L	10.00L	10.00L	10.00L	86
87	FLOCCULATION TEST					87
88	HEMATOCRIT					88
89	PLATELET COUNT (REES-ECKER)	15.00	15.00	15.00	15.00	89
90	POTASSIUM TEST - BLOOD					90
91	PROTHROMBIN TIME TEST	10.00L	9.00L	10.00L	9.50L	91
92	SEDIMENTATION RATE	9.00L	6.00L	9.00L	6.00L	92
93	BLOOD SUGAR					93
94	BUN-UREA - NITROGEN	10.00L	10.00L	10.00L	10.00L	94
95	URIC ACID	9.95L	10.00L	10.00L	10.00L	95
96	FECES-OCCULT BLOOD-SCREENING	12.00	12.00	12.00	12.00	96
97	PAP TEST					97
98	ROUTINE URINALYSIS	8.95L	7.00L	8.00L	7.50L	98
99	CHEMICAL URINALYSIS	10.00	8.00	10.00	7.50	99
100	PATHOLOGY - THREE SPECIMENS	35.00	30.00	25.00	35.00	100
101	ELEC MONITORING-PACEMAKER					101
104	HOSPITAL BED - RENTAL	75.50L	75.50L	75.50L	75.50L	104
105	WALKER - RENTAL	42.00	42.00	42.00	42.00	105
106	WHEELCHAIR - RENTAL	40.00L	40.00L	40.00L	40.00L	106
107	LIQUID OXYGEN - RENTAL	75.00	75.00	75.00	75.00	107
108	HOSPITAL BED - PURCHASE	700.00L	700.00L	700.00L	700.00L	108
109	WALKER - PURCHASE	195.00	195.00	195.00	195.00	109
110	WHEELCHAIR - PURCHASE	282.00L	282.00L	282.00L	282.00L	110

1985 PREVAILING CHARGE SUMMARY DATA OCCIDENTAL LIFE INSURANCE CO.

CALIFORNIA
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	PSRO-24	PSRO-25	PSRO-26	PSRO-28	
79	THREE CHEMISTRY TESTS					79
80	NINETEEN CHEMISTRY TESTS					80
81	CULTURE - OTHER THAN BLOOD					81
82	HEMOGLOBIN					82
83	AUTOMATED BLOOD COUNT					83
84	WHITE CELL COUNT					84
85	COMPLETE BLOOD COUNT (CBC)					85
86	CHOLESTEROL TEST					86
87	FLOCCULATION TEST					87
88	HEMATOCRIT					88
89	PLATELET COUNT (REES-ECKER)					89
90	POTASSIUM TEST - BLOOD					90
91	PROTHROMBIN TIME TEST					91
92	SEDIMENTATION RATE					92
93	BLOOD SUGAR					93
94	BUN-UREA - NITROGEN					94
95	URIC ACID					95
96	FECES-OCCULT BLOOD-SCREENING					96
97	PAP TEST					97
98	ROUTINE URINALYSIS					98
99	CHEMICAL URINALYSIS					99
100	PATHOLOGY - THREE SPECIMENS					100
101	ELEC MONITORING-PACEMAKER					101
104	HOSPITAL BED - RENTAL	75.50L	75.50L	75.50L	75.50L	104
105	WALKER - RENTAL	42.00	42.00	42.00	42.00	105
106	WHEELCHAIR - RENTAL	40.00L	40.00L	40.00L	40.00L	106
107	LIQUID OXYGEN - RENTAL	75.00	75.00	75.00	75.00	107
108	HOSPITAL BED - PURCHASE	700.00L	700.00L		700.00L	108
109	WALKER - PURCHASE	195.00	195.00	195.00	195.00	109
110	WHEELCHAIR - PURCHASE	282.00L	282.00L	282.00L	282.00L	110

COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	SINGLE	
79	THREE CHEMISTRY TESTS		79
80	NINETEEN CHEMISTRY TESTS		80
81	CULTURE - OTHER THAN BLOOD	9.00*	81
82	HEMOGLOBIN	2.40L	82
83	AUTOMATED BLOOD COUNT	7.20	83
84	WHITE CELL COUNT	3.00L	84
85	COMPLETE BLOOD COUNT (CBC)	5.60L	85
86	CHOLESTEROL TEST	6.00L	86
87	FLOCCULATION TEST	6.30*	87
88	HEMATOCRIT	2.40L	88
89	PLATELET COUNT (REES-ECKER)	6.30*	89
90	POTASSIUM TEST - BLOOD	7.20	90
91	PROTHROMBIN TIME TEST	3.80*	91
92	SEDIMENTATION RATE	3.60L	92
93	BLOOD SUGAR	5.40L	93
94	BUN-UREA - NITROGEN	6.00L	94
95	URIC ACID	6.00L	95
96	FECES-OCCULT BLOOD-SCREENING	2.60*	96
97	PAP TEST	4.80L	97
98	ROUTINE URINALYSIS	3.60L	98
99	CHEMICAL URINALYSIS		99
100	PATHOLOGY - THREE SPECIMENS	30.00	100
101	ELEC MONITORING-PACEMAKER	33.30*	101
104	HOSPITAL BED - RENTAL	52.50L	104
105	WALKER - RENTAL	19.00	105
106	WHEELCHAIR - RENTAL	28.00L	106
107	LIQUID OXYGEN - RENTAL	75.00	107
108	HOSPITAL BED - PURCHASE	450.00L	108
109	WALKER - PURCHASE	64.50	109
110	WHEELCHAIR - PURCHASE	333.11L	110

1985 PREVAILING CHARGE SUMMARY DATA CONNECTICUT GENERAL LIFE INS.

	PROCEDURE DESCRIPTION	CONNECTICUT COMBINED LOCALITY DESIGNATION I	II	III	IV	
79	THREE CHEMISTRY TESTS	11.80	11.80	11.80	11.80	79
80	NINETEEN CHEMISTRY TESTS	14.30	14.30	14.30	14.30	80
81	CULTURE - OTHER THAN BLOOD	7.80	7.80	7.80	7.80	81
82	HEMOGLOBIN	3.00	3.00	3.00	3.00	82
83	AUTOMATED BLOOD COUNT	9.60	9.60	9.60	9.60	83
84	WHITE CELL COUNT	4.50	4.50	4.50	4.50	84
85	COMPLETE BLOOD COUNT (CBC)	7.50	7.50	7.50	7.50	85
86	CHOLESTEROL TEST	6.00	6.00	6.00	6.00	86
87	FLOCCULATION TEST	6.00	6.00	6.00	6.00	87
88	HEMATOCRIT	4.20	4.20	4.20	4.20	88
89	PLATELET COUNT (REES-ECKER)	6.00	6.00	6.00	6.00	89
90	POTASSIUM TEST - BLOOD	6.00	6.00	6.00	6.00	90
91	PROTHROMBIN TIME TEST	5.40	5.40	5.40	5.40	91
92	SEDIMENTATION RATE	5.40	5.40	5.40	5.40	92
93	BLOOD SUGAR	5.40	5.40	5.40	5.40	93
94	BUN-UREA - NITROGEN	6.00	6.00	6.00	6.00	94
95	URIC ACID	6.00	6.00	6.00	6.00	95
96	FECES-OCCULT BLOOD-SCREENING	3.00	3.00	3.00	3.00	96
97	PAP TEST	6.00	6.00	6.00	6.00	97
98	ROUTINE URINALYSIS	4.20	4.20	4.20	4.20	98
99	CHEMICAL URINALYSIS	3.00	3.00	3.00	3.00	99
100	PATHOLOGY - THREE SPECIMENS	30.00	30.00	30.00	35.00	100
101	ELEC MONITORING-PACEMAKER					101
104	HOSPITAL BED - RENTAL	131.90*	131.90*	80.00	172.00	104
105	WALKER - RENTAL	25.00	20.00	30.00	29.03*	105
106	WHEELCHAIR - RENTAL	32.95L	40.00L	28.00L	40.00L	106
107	LIQUID OXYGEN - RENTAL	90.00	90.00	85.50	90.00	107
108	HOSPITAL BED - PURCHASE	785.00	785.00	785.00	785.00*	108
109	WALKER - PURCHASE	52.00	53.00	59.80	61.20*	109
110	WHEELCHAIR - PURCHASE	326.25L	384.00L	300.00L	326.00L	110

1985 PREVAILING CHARGE SUMMARY DATA PENNSYLVANIA B/S

DELAWARE
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	SINGLE	
79	THREE CHEMISTRY TESTS	9.00	79
80	NINETEEN CHEMISTRY TESTS	16.40	80
81	CULTURE - OTHER THAN BLOOD	18.75	81
82	HEMOGLOBIN	3.00	82
83	AUTOMATED BLOOD COUNT	6.00	83
84	WHITE CELL COUNT	4.20	84
85	COMPLETE BLOOD COUNT (CBC)	8.30	85
86	CHOLESTEROL TEST	6.00	86
87	FLOCCULATION TEST	4.20	87
88	HEMATOCRIT	3.00	88
89	PLATELET COUNT (REES-ECKER)	5.40	89
90	POTASSIUM TEST - BLOOD	4.80	90
91	PROTHROMBIN TIME TEST	5.70	91
92	SEDIMENTATION RATE	4.20	92
93	BLOOD SUGAR	4.80	93
94	BUN-UREA - NITROGEN	4.50	94
95	URIC ACID	5.40	95
96	FECES-OCCULT BLOOD-SCREENING	3.00	96
97	PAP TEST	7.00L	97
98	ROUTINE URINALYSIS	3.60	98
99	CHEMICAL URINALYSIS	3.00	99
100	PATHOLOGY - THREE SPECIMENS	20.00	100
101	ELEC MONITORING-PACEMAKER	36.00	101
104	HOSPITAL BED - RENTAL	60.00	104
105	WALKER - RENTAL	17.50	105
106	WHEELCHAIR - RENTAL	40.00L	106
107	LIQUID OXYGEN - RENTAL	120.00	107
108	HOSPITAL BED - PURCHASE	700.00	108
109	WALKER - PURCHASE	45.00	109
110	WHEELCHAIR - PURCHASE	382.00	110

1985 PREVAILING CHARGE SUMMARY DATA PENNSYLVANIA B/C

	PROCEDURE DESCRIPTION	SINGLE	WASHINGTON D.C. COMBINED LOCALITY DESIGNATION SINGLE	
79	THREE CHEMISTRY TESTS		9.00	79
80	NINETEEN CHEMISTRY TESTS		16.40	80
81	CULTURE - OTHER THAN BLOOD		11.70	81
82	HEMOGLOBIN		4.80	82
83	AUTOMATED BLOOD COUNT		7.50	83
84	WHITE CELL COUNT		4.80	84
85	COMPLETE BLOOD COUNT (CBC)		7.90	85
86	CHOLESTEROL TEST		6.00	86
87	FLOCCULATION TEST		7.20	87
88	HEMATOCRIT		4.50	88
89	PLATELET COUNT (REES-ECKER)		6.00	89
90	POTASSIUM TEST - BLOOD		6.80	90
91	PROTHROMBIN TIME TEST		6.00	91
92	SEDIMENTATION RATE		6.00	92
93	BLOOD SUGAR		5.60	93
94	BUN-UREA - NITROGEN		6.00	94
95	URIC ACID		7.20	95
96	FECES-OCCULT BLOOD-SCREENING		3.60	96
97	PAP TEST		11.50L	97
98	ROUTINE URINALYSIS		6.00	98
99	CHEMICAL URINALYSIS		3.60	99
100	PATHOLOGY - THREE SPECIMENS		35.20	100
101	ELEC MONITORING-PACEMAKER		40.00	101
104	HOSPITAL BED - RENTAL		69.00L	104
105	WALKER - RENTAL		25.00	105
106	WHEELCHAIR - RENTAL		39.50L	106
107	LIQUID OXYGEN - RENTAL		52.00	107
108	HOSPITAL BED - PURCHASE		595.00	108
109	WALKER - PURCHASE		57.20	109
110	WHEELCHAIR - PURCHASE		356.00L	110

1985 PREVAILING CHARGE SUMMARY DATA B/S OF FLORIDA

FLORIDA
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	AREA A	AREA B	AREA C	AREA D	
79	THREE CHEMISTRY TESTS	12.60	12.60	12.60	12.60	79
80	NINETEEN CHEMISTRY TESTS	18.00	18.00	18.00	18.00	80
81	CULTURE - OTHER THAN BLOOD	12.90	12.90	12.90	12.90	81
82	HEMOGLOBIN	3.60	3.60	3.60	3.60	82
83	AUTOMATED BLOOD COUNT					83
84	WHITE CELL COUNT	3.60	3.60	3.60	3.60	84
85	COMPLETE BLOOD COUNT (CBC)	7.80	7.80	7.80	7.80	85
86	CHOLESTEROL TEST	6.00	6.00	6.00	6.00	86
87	FLOCCULATION TEST					87
88	HEMATOCRIT	3.60	3.60	3.60	3.60	88
89	PLATELET COUNT (REES-ECKER)	6.00	6.00	6.00	6.00	89
90	POTASSIUM TEST - BLOOD	6.00	6.00	6.00	6.00	90
91	PROTHROMBIN TIME TEST	6.00	6.00	6.00	6.00	91
92	SEDIMENTATION RATE	6.00	6.00	6.00	6.00	92
93	BLOOD SUGAR	6.00	6.00	6.00	6.00	93
94	BUN-UREA - NITROGEN	6.00	6.00	6.00	6.00	94
95	URIC ACID	6.00	6.00	6.00	6.00	95
96	FECES-OCCULT BLOOD-SCREENING	4.20	4.20	4.20	4.20	96
97	PAP TEST	7.80	7.80	7.80	7.80	97
98	ROUTINE URINALYSIS	6.00	6.00	6.00	6.00	98
99	CHEMICAL URINALYSIS	3.00	3.00	3.00	3.00	99
100	PATHOLOGY - THREE SPECIMENS	38.40	39.60	40.90	42.30	100
101	ELEC MONITORING-PACEMAKER	58.70*	65.00	65.00	75.00*	101
104	HOSPITAL BED - RENTAL	65.00	65.00	65.00	65.00	104
105	WALKER - RENTAL					105
106	WHEELCHAIR - RENTAL	30.00	30.00	30.00	30.00	106
107	LIQUID OXYGEN - RENTAL					107
108	HOSPITAL BED - PURCHASE	650.00	650.00	650.00	650.00	108
109	WALKER - PURCHASE					109
110	WHEELCHAIR - PURCHASE	286.00	286.00	286.00	286.00	110

1985 PREVAILING CHARGE SUMMARY DATA PRUDENTIAL INSURANCE COMPANY

GEORGIA
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	01	02	03	04	
79	THREE CHEMISTRY TESTS	12.00	12.00	12.00	12.00	79
80	NINETEEN CHEMISTRY TESTS	18.00	18.00	18.00	18.00	80
81	CULTURE - OTHER THAN BLOOD	12.00	12.00	12.00	12.00	81
82	HEMOGLOBIN	3.60	3.60	3.60	3.60	82
83	AUTOMATED BLOOD COUNT	8.40	8.40	8.40	8.40	83
84	WHITE CELL COUNT	3.60	3.60	3.60	3.60	84
85	COMPLETE BLOOD COUNT (CBC)	6.00	6.00	6.00	6.00	85
86	CHOLESTEROL TEST	6.00	6.00	6.00	6.00	86
87	FLOCCULATION TEST	6.00	6.00	6.00	6.00	87
88	HEMATOCRIT	3.60	3.60	3.60	3.60	88
89	PLATELET COUNT (REES-ECKER)	4.80	4.80	4.80	4.80	89
90	POTASSIUM TEST - BLOOD	6.60	6.60	6.60	6.60	90
91	PROTHROMBIN TIME TEST	6.00	6.00	6.00	6.00	91
92	SEDIMENTATION RATE	6.00	6.00	6.00	6.00	92
93	BLOOD SUGAR	6.00	6.00	6.00	6.00	93
94	BUN-UREA - NITROGEN	6.60	6.60	6.60	6.60	94
95	URIC ACID	6.60	6.60	6.60	6.60	95
96	FECES-OCCULT BLOOD-SCREENING	3.60	3.60	3.60	3.60	96
97	PAP TEST	8.00L	8.00L	8.00L	8.00L	97
98	ROUTINE URINALYSIS	4.80	4.80	4.80	4.80	98
99	CHEMICAL URINALYSIS	4.80	4.80	4.80	4.80	99
100	PATHOLOGY - THREE SPECIMENS	30.00	30.00	30.00	30.00	100
101	ELEC MONITORING-PACEMAKER	40.70*	28.80	25.00	40.70*	101
104	HOSPITAL BED - RENTAL	58.70L	58.70L	58.70L	58.70L	104
105	WALKER - RENTAL	20.00	20.00	20.00	20.00	105
106	WHEELCHAIR - RENTAL	29.90	29.90	29.90	29.90	106
107	LIQUID OXYGEN - RENTAL	122.90	122.90	122.90	122.90	107
108	HOSPITAL BED - PURCHASE	525.00L	525.00L	525.00L	525.00L	108
109	WALKER - PURCHASE	63.60	63.60	63.60	63.60	109
110	WHEELCHAIR - PURCHASE	295.00	295.00	295.00	295.00	110

1985 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY HAWAII

COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	01	
79	THREE CHEMISTRY TESTS	16.86*	79
80	NINETEEN CHEMISTRY TESTS		80
81	CULTURE - OTHER THAN BLOOD	10.14	81
82	HEMOGLOBIN	4.38*	82
83	AUTOMATED BLOOD COUNT	7.62*	83
84	WHITE CELL COUNT	4.80*	84
85	COMPLETE BLOOD COUNT (CBC)	10.32*	85
86	CHOLESTEROL TEST	7.44*	86
87	FLOCCULATION TEST	7.80	87
88	HEMATOCRIT	4.86*	88
89	PLATELET COUNT (REES-ECKER)	7.86*	89
90	POTASSIUM TEST - BLOOD	8.64	90
91	PROTHROMBIN TIME TEST	9.30	91
92	SEDIMENTATION RATE	6.42*	92
93	BLOOD SUGAR	8.22L	93
94	BUN-UREA - NITROGEN	11.46*	94
95	URIC ACID	7.50*	95
96	FECES-OCCULT BLOOD-SCREENING	3.72*	96
97	PAP TEST		97
98	ROUTINE URINALYSIS	4.98*	98
99	CHEMICAL URINALYSIS	4.02*	99
100	PATHOLOGY - THREE SPECIMENS	44.40	100
101	ELEC MONITORING-PACEMAKER		101
104	HOSPITAL BED - RENTAL	-	104
105	WALKER - RENTAL		105
106	WHEELCHAIR - RENTAL	42.10*	106
107	LIQUID OXYGEN - RENTAL		107
108	HOSPITAL BED - PURCHASE	826.80	108
109	WALKER - PURCHASE		109
110	WHEELCHAIR - PURCHASE		110

1985 PREVAILING CHARGE SUMMARY DATA EQUITABLE LIFE ASSURANCE SOCIETY IDAHO

COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	SOUTH	NORTH	
79	THREE CHEMISTRY TESTS	14.10	14.10	79
80	NINETEEN CHEMISTRY TESTS	14.40	14.40	80
81	CULTURE - OTHER THAN BLOOD	7.80	7.80	81
82	HEMOGLOBIN	3.60	3.60	82
83	AUTOMATED BLOOD COUNT	8.70	8.70	83
84	WHITE CELL COUNT	3.60	3.60	84
85	COMPLETE BLOOD COUNT (CBC)	8.70	8.70	85
86	CHOLESTEROL TEST	7.80	7.80	86
87	FLOCCULATION TEST	6.00	6.00	87
88	HEMATOCRIT	4.20	4.20	88
89	PLATELET COUNT (REES-ECKER)	5.80	5.80	89
90	POTASSIUM TEST - BLOOD	7.20	7.20	90
91	PROTHROMBIN TIME TEST	7.20	7.20	91
92	SEDIMENTATION RATE	4.80	4.80	92
93	BLOOD SUGAR	6.70	6.70	93
94	BUN-UREA - NITROGEN	7.30	7.30	94
95	URIC ACID	7.20	7.20	95
96	FECES-OCCULT BLOOD-SCREENING	3.30	3.30	96
97	PAP TEST	7.20	7.20	97
98	ROUTINE URINALYSIS	4.80	4.80	98
99	CHEMICAL URINALYSIS	3.30	3.30	99
100	PATHOLOGY - THREE SPECIMENS	29.50		100
101	ELEC MONITORING-PACEMAKER	16.40	19.70	101
104	HOSPITAL BED - RENTAL	67.90L	75.00	104
105	WALKER - RENTAL	15.70	18.00	105
106	WHEELCHAIR - RENTAL	31.40L	30.00	106
107	LIQUID OXYGEN - RENTAL	80.00	80.00	107
108	HOSPITAL BED - PURCHASE			108
109	WALKER - PURCHASE	69.80	75.00	109
110	WHEELCHAIR - PURCHASE	318.70L	313.50L	110

1985 PREVAILING CHARGE SUMMARY DATA E.D.S. FEDERAL CORPORATION

ILLINOIS
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
79	THREE CHEMISTRY TESTS					15.00	15.00	15.00	15.00	79
80	NINETEEN CHEMISTRY TESTS					20.90	20.90	20.90	20.90	80
81	CULTURE - OTHER THAN BLOOD									81
82	HEMOGLOBIN					3.60	3.60	3.60	3.60	82
83	AUTOMATED BLOOD COUNT					9.00	9.00 P	9.00	9.00	83
84	WHITE CELL COUNT					4.20	4.20	4.20	4.20	84
85	COMPLETE BLOOD COUNT (CBC)					3.60 P	3.60	3.60	3.60	85
86	CHOLESTEROL TEST					6.00	6.00	6.00 P	6.00 P	86
87	FLOCCULATION TEST					4.80	4.80	4.80	4.80	87
88	HEMATOCRIT					3.60 P	3.60	3.60	3.60	88
89	PLATELET COUNT (REES-ECKER)					6.00	6.00	6.00	6.00	89
90	POTASSIUM TEST - BLOOD					6.00 P	6.00	6.00 P	6.00	90
91	PROTHROMBIN TIME TEST					6.00	6.00	6.00 P	6.00	91
92	SEDIMENTATION RATE					5.40 P	5.40	5.40 P	5.40	92
93	BLOOD SUGAR					6.00 P	6.00	6.00	6.00 P	93
94	BUN-UREA - NITROGEN					6.00	6.00 P	6.00	6.00 P	94
95	URIC ACID					6.30	6.30	6.30	6.30	95
96	FECES-OCCULT BLOOD-SCREENING					3.60	3.60	3.60	3.60	96
97	PAP TEST					9.00	9.00	9.00	9.00	97
98	ROUTINE URINALYSIS					5.10 P	5.10 P	5.10	5.10	98
99	CHEMICAL URINALYSIS					3.60	3.60	3.60	3.60	99
100	PATHOLOGY - THREE SPECIMENS						30.00 P		28.20*P	100
101	ELEC MONITORING-PACEMAKER						49.90*		38.75*	101
104	HOSPITAL BED - RENTAL					80.00L	55.00L	80.00L	110.00L	104
105	WALKER - RENTAL					35.20	18.00	35.20	18.00	105
106	WHEELCHAIR - RENTAL					62.00L	54.20L	50.00L	35.00L	106
107	LIQUID OXYGEN - RENTAL							53.00	53.00	107
108	HOSPITAL BED - PURCHASE					93.80L			93.80L	108
109	WALKER - PURCHASE					6.70	7.90	6.70	9.80	109
110	WHEELCHAIR - PURCHASE					63.70L	63.70L	58.30L	68.60L	110

1985 PREVAILING CHARGE SUMMARY DATA E.D.S. FEDERAL CORPORATION ILLINOIS

COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	05	06	07	08	05	06	07	08	
79	THREE CHEMISTRY TESTS					15.00	15.00	15.00 P	15.00 P	79
80	NINETEEN CHEMISTRY TESTS					20.90	20.90	20.90	20.90 P	80
81	CULTURE - OTHER THAN BLOOD									81
82	HEMOGLOBIN					3.60	3.60	3.60	3.60	82
83	AUTOMATED BLOOD COUNT					9.00	9.00	9.00 P	9.00	83
84	WHITE CELL COUNT					4.20	4.20	4.20	4.20	84
85	COMPLETE BLOOD COUNT (CBC)					3.60	3.60 P	3.60	3.60 P	85
86	CHOLESTEROL TEST					6.00	6.00	6.00	6.00	86
87	FLOCCULATION TEST					4.80	4.80	4.80	4.80	87
88	HEMATOCRIT					3.60	3.60	3.60	3.60	88
89	PLATELET COUNT (REES-ECKER)					6.00	6.00	6.00	6.00	89
90	POTASSIUM TEST - BLOOD					6.00	6.00	6.00	6.00	90
91	PROTHROMBIN TIME TEST					6.00 P	6.00	6.00	6.00	91
92	SEDIMENTATION RATE					5.40 P	5.40	5.40	5.40 P	92
93	BLOOD SUGAR					6.00	6.00 P	6.00	6.00 P	93
94	BUN-UREA - NITROGEN					6.00 P	6.00	6.00	6.00	94
95	URIC ACID					6.30	6.30	6.30	6.30	95
96	FECES-OCCULT BLOOD-SCREENING					3.60	3.60	3.60	3.60	96
97	PAP TEST					9.00	9.00*P	9.00	9.00	97
98	ROUTINE URINALYSIS					5.10	5.10	5.10	5.10	98
99	CHEMICAL URINALYSIS					3.60	3.60	3.60	3.60	99
100	PATHOLOGY - THREE SPECIMENS					21.90*P		17.10*	28.00*P	100
101	ELEC MONITORING-PACEMAKER					48.20*		32.30*		101
104	HOSPITAL BED - RENTAL					65.00L	80.00L	130.00L	80.00L	104
105	WALKER - RENTAL					10.10	20.00	8.50	8.40	105
106	WHEELCHAIR - RENTAL					57.50L	40.00L	59.20L	58.30L	106
107	LIQUID OXYGEN - RENTAL					53.00	53.00	53.00	53.00	107
108	HOSPITAL BED - PURCHASE					93.80L		93.80L		108
109	WALKER - PURCHASE					10.50	5.40	5.70	6.70	109
110	WHEELCHAIR - PURCHASE					65.60L	56.90L	41.00L	49.80L	110

1985 PREVAILING CHARGE SUMMARY DATA E.D.S. FEDERAL CORPORATION

ILLINOIS
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	09	10	11	12	09	10	11	12	
79	THREE CHEMISTRY TESTS					15.00	15.00 P	15.00 P	15.00 P	79
80	NINETEEN CHEMISTRY TESTS					20.90	20.90 P	20.90	20.90 P	80
81	CULTURE - OTHER THAN BLOOD									81
82	HEMOGLOBIN					3.60	3.60 P	3.60 P	3.60 P	82
83	AUTOMATED BLOOD COUNT					9.00 P	9.00	9.00	9.00	83
84	WHITE CELL COUNT					4.20	4.20	4.20	4.20	84
85	COMPLETE BLOOD COUNT (CBC)					3.60 P	3.60 P	3.60 P	3 60	85
86	CHOLESTEROL TEST					6.00	6.00	6.00	6.00	86
87	FLOCCULATION TEST					4.80	4.80	4.80	4.80 P	87
88	HEMATOCRIT					3.60	3.60	3.60	3.60 P	88
89	PLATELET COUNT (REES-ECKER)					6.00	6.00	6.00	6.00	89
90	POTASSIUM TEST - BLOOD					6.00 P	6.00 P	6.00 P	6.00	90
91	PROTHROMBIN TIME TEST					6.00 P	6.00	6.00	6.00	91
92	SEDIMENTATION RATE					5.40	5.40	5.40	5 40	92
93	BLOOD SUGAR					6.00	6.00 P	6.00	6.00 P	93
94	BUN-UREA - NITROGEN					6.00	6.00	6.00	6.00	94
95	URIC ACID					6.30	6.30 P	6.30	6.30	95
96	FECES-OCCULT BLOOD-SCREENING					3.60	3.60	3.60	3.60	96
97	PAP TEST					9.00	9.00*	9.00	9 00	97
98	ROUTINE URINALYSIS					5.10	5.10		5.10	98
99	CHEMICAL URINALYSIS					3.60	3.60	3.60	3.60	99
100	PATHOLOGY - THREE SPECIMENS					23.10*P	19.40*P		17 50*	100
101	ELEC MONITORING-PACEMAKER					30.00		32.30*	37 10*	101
104	HOSPITAL BED - RENTAL					80.00L	80.00L	80.00L	75.00L	104
105	WALKER - RENTAL					6.70	20.00	27.50	18.00	105
106	WHEELCHAIR - RENTAL					53.70L	30.00L	30.00L	40.00L	106
107	LIQUID OXYGEN - RENTAL						53.00	53.00		107
108	HOSPITAL BED - PURCHASE					93.80L	93.80L	93.80L	93.80L	108
109	WALKER - PURCHASE					10.50	10.80	5.25	6.60	109
110	WHEELCHAIR - PURCHASE					80.30L	54.80L	51.90L	62.50L	110

1985 PREVAILING CHARGE SUMMARY DATA E.D.S. FEDERAL CORPORATION

ILLINOIS
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	13	14	15	16	13	14	15	16	
79	THREE CHEMISTRY TESTS					15.00	15.00 P	15.00	15.00 P	79
80	NINETEEN CHEMISTRY TESTS					20.90	20.90 P	20.90	20.90 P	80
81	CULTURE - OTHER THAN BLOOD									81
82	HEMOGLOBIN					3.60	3.60 P	3.60	3.60 P	82
83	AUTOMATED BLOOD COUNT					9.00	9.00 P	9.00	9.00 P	83
84	WHITE CELL COUNT					4.20	4.20 P	4.20	4.20 P	84
85	COMPLETE BLOOD COUNT (CBC)					3.60	3.60	3.60	3.60	85
86	CHOLESTEROL TEST					6.00	6.00	6.00	6.00	86
87	FLOCCULATION TEST					4.80	4.80	4.80	4.80 P	87
88	HEMATOCRIT					3.60	3.60	3.60	3.60 P	88
89	PLATELET COUNT (REES-ECKER)					6.00	6.00	6.00	6.00 P	89
90	POTASSIUM TEST - BLOOD					6.00	6.00	6.00	6.00	90
91	PROTHROMBIN TIME TEST					6.00	6.00	6.00	6.00	91
92	SEDIMENTATION RATE					5.40	5.40	5.40	5.40	92
93	BLOOD SUGAR					6.00	6.00 P	6.00	6.00 P	93
94	BUN-UREA - NITROGEN					6.00 P	6.00	6.00 P	6.00	94
95	URIC ACID					6.30	6.30	6.30	6.30 P	95
96	FECES-OCCULT BLOOD-SCREENING					3.60	3.60	3.60	3.60 P	96
97	PAP TEST					9.00	9.00*P	9.00	9.00	97
98	ROUTINE URINALYSIS					5.10	5.10	5.10	5.10	98
99	CHEMICAL URINALYSIS					3.60	3.60	3.60	3.60	99
100	PATHOLOGY - THREE SPECIMENS						33.00 P	17.50*	30.00*	100
101	ELEC MONITORING-PACEMAKER					32.30*		30.00	58.70*	101
104	HOSPITAL BED - RENTAL					49.50L	60.00L	70.00L	80.00L	104
105	WALKER - RENTAL					20.00	35.20	18.00	38.20	105
106	WHEELCHAIR - RENTAL					56.00L	38.00L	40.00L	41.00L	106
107	LIQUID OXYGEN - RENTAL							75.00	45.00	107
108	HOSPITAL BED - PURCHASE					93.80L	93.80L	93.80L	78.75L	108
109	WALKER - PURCHASE					5.80	6.70	10.90	6.70	109
110	WHEELCHAIR - PURCHASE					56.70L	43.70L	76.40L	68.80L	110

1985 PREVAILING CHARGE SUMMARY DATA MUTUAL MEDICAL INSURANCE

INDIANA
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	REG 01	REG 02	REG 03	REG 01	REG 02	REG 03	
79	THREE CHEMISTRY TESTS							79
80	NINETEEN CHEMISTRY TESTS							80
81	CULTURE - OTHER THAN BLOOD				15.10	15.10	15.10	81
82	HEMOGLOBIN				3.60	3.60	3.60	82
83	AUTOMATED BLOOD COUNT				7.50	7.50	7.50	83
84	WHITE CELL COUNT				3.00	3.00	3.00	84
85	COMPLETE BLOOD COUNT (CBC)				5.40	5.40	5.40	85
86	CHOLESTEROL TEST				6.60	6.60	6.60	86
87	FLOCCULATION TEST				5.40	5.40	5.40	87
88	HEMATOCRIT				3.60	3.60	3.60	88
89	PLATELET COUNT (REES-ECKER)				6.00	6.00	6.00	89
90	POTASSIUM TEST - BLOOD				6.00	6.00	6.00	90
91	PROTHROMBIN TIME TEST				5.40	5.40	5.40	91
92	SEDIMENTATION RATE				4.90	4.90	4.90	92
93	BLOOD SUGAR				4.80	4.80	4.80	93
94	BUN-UREA - NITROGEN				6.00	6.00	6.00	94
95	URIC ACID				6.30	6.30	6.30	95
96	FECES-OCCULT BLOOD-SCREENING				3.00	3.00	3.00	96
97	PAP TEST				9.00	9.00	9.00	97
98	ROUTINE URINALYSIS				4.80	4.80	4.80	98
99	CHEMICAL URINALYSIS							99
100	PATHOLOGY - THREE SPECIMENS							100
101	ELEC MONITORING-PACEMAKER							101
104	HOSPITAL BED - RENTAL				55.00L	55.00	55.00L	104
105	WALKER - RENTAL				14.00	13.50	25.00	105
106	WHEELCHAIR - RENTAL				35.00	35.00	35.00	106
107	LIQUID OXYGEN - RENTAL				50.00	65.00	50.00	107
108	HOSPITAL BED - PURCHASE				397.50L	397.50L	397.50L	108
109	WALKER - PURCHASE				59.00	45.20	57.40	109
110	WHEELCHAIR - PURCHASE				298.00L	298.00L	298.00L	110

1985 PREVAILING CHARGE SUMMARY DATA B/S OF IOWA

IOWA
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	01	02	03	04	
79	THREE CHEMISTRY TESTS	12.60L	12.60L	12.60L	12.60L	79
80	NINETEEN CHEMISTRY TESTS	16.20L	16.20L	16.20L	16.20L	80
81	CULTURE - OTHER THAN BLOOD	6.00L	6.00L	6.00L	6.00L	81
82	HEMOGLOBIN	2.40L	2.40L	2.40L	2.40L	82
83	AUTOMATED BLOOD COUNT	10.02L	10.02L	10.02L	10.02L	83
84	WHITE CELL COUNT	3.60L	3.60L	3.60L	3.60L	84
85	COMPLETE BLOOD COUNT (CBC)	10.50L	10.50L	10.50L	10.50L	85
86	CHOLESTEROL TEST	4.20L	4.20L	4.20L	4.20L	86
87	FLOCCULATION TEST	4.50L	4.50L	4.50L	4.50L	87
88	HEMATOCRIT	2.40L	2.40L	2.40L	2.40L	88
89	PLATELET COUNT (REES-ECKER)	6.00L	6.00L	6.00L	6.00L	89
90	POTASSIUM TEST - BLOOD	10.00	11.60	10.00	11.00	90
91	PROTHROMBIN TIME TEST	3.90L	3.90L	3.90L	3.90L	91
92	SEDIMENTATION RATE	2.70L	2.70L	2.70L	2.70L	92
93	BLOOD SUGAR	4.20L	4.20L	4.20L	4.20L	93
94	BUN-UREA - NITROGEN	4.50L	4.50L	4.50L	4.50L	94
95	URIC ACID	4.80L	4.80L	4.80L	4.80L	95
96	FECES-OCCULT BLOOD-SCREENING	3.00L	3.00L	3.00L	3.00L	96
97	PAP TEST	9.00	10.20	11.00	12.00	97
98	ROUTINE URINALYSIS	3.00L	3.00L	3.00L	3.00L	98
99	CHEMICAL URINALYSIS					99
100	PATHOLOGY - THREE SPECIMENS	21.30*	38.40*	32.00*	21.30*	100
101	ELEC MONITORING-PACEMAKER					101
104	HOSPITAL BED - RENTAL	55.00	55.00	55.00	55.00	104
105	WALKER - RENTAL	10.20	7.30	9.00	9.00	105
106	WHEELCHAIR - RENTAL	30.00L	22.00L	30.00L	30.00L	106
107	LIQUID OXYGEN - RENTAL	45.00	45.00	45.00	45.00	107
108	HOSPITAL BED - PURCHASE					108
109	WALKER - PURCHASE					109
110	WHEELCHAIR - PURCHASE					110

1985 PREVAILING CHARGE SUMMARY DATA B/S OF IOWA

IOWA
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	05	06	07	08	
79	THREE CHEMISTRY TESTS	12.60L	12.60L	12.60L	30.00	79
80	NINETEEN CHEMISTRY TESTS	16.20L	16.20L	16.20L	27.00	80
81	CULTURE - OTHER THAN BLOOD	6.00L	6.00L	6.00L	10.00	81
82	HEMOGLOBIN	2.40L	2.40L	2.40L	5.00	82
83	AUTOMATED BLOOD COUNT	10.02L	10.02L	10.02L	16.70	83
84	WHITE CELL COUNT	3.60L	3.60L	3.60L	6.00	84
85	COMPLETE BLOOD COUNT (CBC)	10.50L	10.50L	10.50L	15.00	85
86	CHOLESTEROL TEST	4.20L	4.20L	4.20L	10.00	86
87	FLOCCULATION TEST	4.50L	4.50L	4.50L	7.50	87
88	HEMATOCRIT	2.40L	2.40L	2.40L	6.00	88
89	PLATELET COUNT (REES-ECKER)	6.00L	6.00L	6.00L	10.00	89
90	POTASSIUM TEST - BLOOD	12.00	10.00	10.00	10.00	90
91	PROTHROMBIN TIME TEST	3.90L	3.90L	3.90L	9.00	91
92	SEDIMENTATION RATE	2.70L	2.70L	2.70L	8.00	92
93	BLOOD SUGAR	4.20L	4.20L	4.20L	10.00	93
94	BUN-UREA - NITROGEN	4.50L	4.50L	4.50L	10.50	94
95	URIC ACID	4.80L	4.80L	4.80L	10.00	95
96	FECES-OCCULT BLOOD-SCREENING	3.00L	3.00L	3.00L	5.00	96
97	PAP TEST	7.50	14.00	13.00	15.00	97
98	ROUTINE URINALYSIS	3.00L	3.00L	3.00L	8.00	98
99	CHEMICAL URINALYSIS					99
100	PATHOLOGY - THREE SPECIMENS	26.70*	19.20*	21.30*	21.30*	100
101	ELEC MONITORING-PACEMAKER					101
104	HOSPITAL BED - RENTAL	55.00	55.00	55.00	55.00	104
105	WALKER - RENTAL	9.00	10.00	9.00	9.00	105
106	WHEELCHAIR - RENTAL	20.00L	25.00L	47.00	47.00	106
107	LIQUID OXYGEN - RENTAL	45.00	45.00	45.00	45.00	107
108	HOSPITAL BED - PURCHASE					108
109	WALKER - PURCHASE					109
110	WHEELCHAIR - PURCHASE					110

1985 PREVAILING CHARGE SUMMARY DATA B/S OF KANSAS CITY,MISSOURI

KANSAS
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	AREA 04	AREA 05	
79	THREE CHEMISTRY TESTS	15.00	15.00	79
80	NINETEEN CHEMISTRY TESTS	21.00	21.00	80
81	CULTURE - OTHER THAN BLOOD	10.80	10.80	81
82	HEMOGLOBIN	4.20	4.20	82
83	AUTOMATED BLOOD COUNT	9.00	9.00	83
84	WHITE CELL COUNT	4.50	4.50	84
85	COMPLETE BLOOD COUNT (CBC)	9.00	9.00	85
86	CHOLESTEROL TEST	6.60	6.60	86
87	FLOCCULATION TEST	5.20	5.20	87
88	HEMATOCRIT	3.30	3.30	88
89	PLATELET COUNT (REES-ECKER)	6.60	6.60	89
90	POTASSIUM TEST - BLOOD	6.00	6.00	90
91	PROTHROMBIN TIME TEST	6.00	6.00	91
92	SEDIMENTATION RATE	5.40	5.40	92
93	BLOOD SUGAR	6.00	6.00	93
94	BUN-UREA - NITROGEN	6.50	6.50	94
95	URIC ACID	6.00	6.00	95
96	FECES-OCCULT BLOOD-SCREENING	3.60	3.60	96
97	PAP TEST	16.00	11.00	97
98	ROUTINE URINALYSIS	5.40	5.40	98
99	CHEMICAL URINALYSIS	5.40	5.40	99
100	PATHOLOGY - THREE SPECIMENS			100
101	ELEC MONITORING-PACEMAKER		33.00	101
104	HOSPITAL BED - RENTAL	56.93L	50.00L	104
105	WALKER - RENTAL	20.00	38.00	105
106	WHEELCHAIR - RENTAL	30.00L	31.84L	106
107	LIQUID OXYGEN - RENTAL	66.00	66.00	107
108	HOSPITAL BED - PURCHASE	220.00L	220.00L	108
109	WALKER - PURCHASE	64.80	68.45	109
110	WHEELCHAIR - PURCHASE	293.00L	293.00L	110

1985 PREVAILING CHARGE SUMMARY DATA KANSAS B/S

KANSAS
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	SINGLE	
79	THREE CHEMISTRY TESTS	25.00*	79
80	NINETEEN CHEMISTRY TESTS	30.00*	80
81	CULTURE - OTHER THAN BLOOD	15.45*	81
82	HEMOGLOBIN	5.00*	82
83	AUTOMATED BLOOD COUNT		83
84	WHITE CELL COUNT	5.00*	84
85	COMPLETE BLOOD COUNT (CBC)	13.00*	85
86	CHOLESTEROL TEST	9.00*	86
87	FLOCCULATION TEST	11.25*	87
88	HEMATOCRIT	4.00*	88
89	PLATELET COUNT (REES-ECKER)	11.00*	89
90	POTASSIUM TEST - BLOOD	12.00*	90
91	PROTHROMBIN TIME TEST	9.00*	91
92	SEDIMENTATION RATE	7.00*	92
93	BLOOD SUGAR	8.00*	93
94	BUN-UREA - NITROGEN	10.00*	94
95	URIC ACID	9.85*	95
96	FECES-OCCULT BLOOD-SCREENING	7.00*	96
97	PAP TEST	11.50*	97
98	ROUTINE URINALYSIS	6.00*	98
99	CHEMICAL URINALYSIS	6.00*	99
100	PATHOLOGY - THREE SPECIMENS		100
101	ELEC MONITORING-PACEMAKER		101
104	HOSPITAL BED - RENTAL	40.00*	104
105	WALKER - RENTAL	14.50*	105
106	WHEELCHAIR - RENTAL	20.50	106
107	LIQUID OXYGEN - RENTAL	103.20*	107
108	HOSPITAL BED - PURCHASE	662.13	108
109	WALKER - PURCHASE	64.80*	109
110	WHEELCHAIR - PURCHASE	312.00	110

1985 PREVAILING CHARGE SUMMARY DATA B/C - B/S OF KENTUCKY,INC.

	PROCEDURE DESCRIPTION	KENTUCKY COMBINED LOCALITY DESIGNATION I	II	III	
79	THREE CHEMISTRY TESTS	6.30*	6.30*	6.30*	79
80	NINETEEN CHEMISTRY TESTS	13.60	13.60*	13.60*	80
81	CULTURE - OTHER THAN BLOOD	14.10*	14.10	14.10	81
82	HEMOGLOBIN	3.20L	3.20L	3.20L	82
83	AUTOMATED BLOOD COUNT	6.30*	6.30*	6.30*	83
84	WHITE CELL COUNT	3.00L	3.00L	3.00L	84
85	COMPLETE BLOOD COUNT (CBC)	7.50L	7.50L	7.50L	85
86	CHOLESTEROL TEST	6.60L	6.60L	6.60L	86
87	FLOCCULATION TEST	6.00	6.00	6.00	87
88	HEMATOCRIT	2.70	2.70	2.70	88
89	PLATELET COUNT (REES-ECKER)	5.80	5.80	5.80	89
90	POTASSIUM TEST - BLOOD	7.20	7.20	7.20	90
91	PROTHROMBIN TIME TEST	6.00L	6.00L	6.00L	91
92	SEDIMENTATION RATE	6.00L	6.00L	6.00L	92
93	BLOOD SUGAR	6.00L	6.00L	6.00L	93
94	BUN-UREA - NITROGEN	6.00L	6.00L	6.00L	94
95	URIC ACID	6.20L	6.20L	6.20L	95
96	FECES-OCCULT BLOOD-SCREENING	3.00	3.00	3.00	96
97	PAP TEST	6.00L	6.00L	6.00L	97
98	ROUTINE URINALYSIS	4.20L	4.20L	4.20L	98
99	CHEMICAL URINALYSIS	3.00	3.00	3.00	99
100	PATHOLOGY - THREE SPECIMENS	16.50	16.50	16.50*	100
101	ELEC MONITORING-PACEMAKER	35.00	35.00*	35.00	101
104	HOSPITAL BED - RENTAL	43.00L	43.00L	43.00L	104
105	WALKER - RENTAL	15.00*	15.00*	15.00*	105
106	WHEELCHAIR - RENTAL	24.00L	24.00L	24.00L	106
107	LIQUID OXYGEN - RENTAL				107
108	HOSPITAL BED - PURCHASE	430.50L	430.50L	430.50L	108
109	WALKER - PURCHASE	47.00*	47.00*	47.00*	109
110	WHEELCHAIR - PURCHASE	289.00L	289.00L	289.00L	110

1985 PREVAILING CHARGE SUMMARY DATA ARKANSAS B/C - B/S

LOUISIANA
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	01	02	03	04	
79	THREE CHEMISTRY TESTS	6.00	6.00	6.00	6.00	79
80	NINETEEN CHEMISTRY TESTS	24.40	24.40	24.40	24.40	80
81	CULTURE - OTHER THAN BLOOD	17.60	17.60	17.60	17.60	81
82	HEMOGLOBIN	3.60	3.60	3.60	3.60	82
83	AUTOMATED BLOOD COUNT	9.00	9.00	9.00	9.00	83
84	WHITE CELL COUNT	4.80	4.80	4.80	4.80	84
85	COMPLETE BLOOD COUNT (CBC)	2.60	2.60	2.60	2.60	85
86	CHOLESTEROL TEST	7.20	7.20	7.20	7.20	86
87	FLOCCULATION TEST	6.60	6.60	6.60	6.60	87
88	HEMATOCRIT	3.60	3.60	3.60	3.60	88
89	PLATELET COUNT (REES-ECKER)	8.70	8.70	8.70	8.70	89
90	POTASSIUM TEST - BLOOD	7.80	7.80	7.80	7.80	90
91	PROTHROMBIN TIME TEST	6.00	6.00	6.00	6.00	91
92	SEDIMENTATION RATE	6.00	6.00	6.00	6.00	92
93	BLOOD SUGAR	7.20	7.20	7.20	7.20	93
94	BUN-UREA - NITROGEN	7.20	7.20	7.20	7.20	94
95	URIC ACID	7.20	7.20	7.20	7.20	95
96	FECES-OCCULT BLOOD-SCREENING	6.00	6.00	6.00	6.00	96
97	PAP TEST	8.80	8.80	8.80	8.80	97
98	ROUTINE URINALYSIS	6.00	6.00	6.00	6.00	98
99	CHEMICAL URINALYSIS	7.20	7.20	7.20	7.20	99
100	PATHOLOGY - THREE SPECIMENS	45.00	25.00	45.00	45.00	100
101	ELEC MONITORING-PACEMAKER	46.75	55.40	47.70	47.70	101
104	HOSPITAL BED - RENTAL	63.90	40.46	35.33	43.99	104
105	WALKER - RENTAL	6.32	6.87	6.87	6.87	105
106	WHEELCHAIR - RENTAL	34.00	32.76	45.00	29.68	106
107	LIQUID OXYGEN - RENTAL	42.20	42.20	42.20	42.20	107
108	HOSPITAL BED - PURCHASE	639.00	404.61	353.33	439.91	108
109	WALKER - PURCHASE	63.20	68.70	68.70	68.70	109
110	WHEELCHAIR - PURCHASE	450.00	327.60	450.00	420.40	110

1985 PREVAILING CHARGE SUMMARY DATA ARKANSAS B/C - B/S

	PROCEDURE DESCRIPTION	LOUISIANA COMBINED LOCALITY DESIGNATION 05	06	07	50	
79	THREE CHEMISTRY TESTS	6.00	6.00	6.00	6.00	79
80	NINETEEN CHEMISTRY TESTS	24.40	24.40	24.40	24.40	80
81	CULTURE - OTHER THAN BLOOD	17.60	17.60	17.60	17.60	81
82	HEMOGLOBIN	3.60	3.60	3.60	3.60	82
83	AUTOMATED BLOOD COUNT	9.00	9.00	9.00	9.00	83
84	WHITE CELL COUNT	4.80	4.80	4.80	4.80	84
85	COMPLETE BLOOD COUNT (CBC)	2.60	2.60	2.60	2.60	85
86	CHOLESTEROL TEST	7.20	7.20	7.20	7.20	86
87	FLOCCULATION TEST	6.60	6.60	6.60	6.60	87
88	HEMATOCRIT	3.60	3.60	3.60	3.60	88
89	PLATELET COUNT (REES-ECKER)	8.70	8.70	8.70	8.70	89
90	POTASSIUM TEST - BLOOD	7.80	7.80	7.80	7.80	90
91	PROTHROMBIN TIME TEST	6.00	6.00	6.00	6.00	91
92	SEDIMENTATION RATE	6.00	6.00	6.00	6.00	92
93	BLOOD SUGAR	7.20	7.20	7.20	7.20	93
94	BUN-UREA - NITROGEN	7.20	7.20	7.20	7.20	94
95	URIC ACID	7.20	7.20	7.20	7.20	95
96	FECES-OCCULT BLOOD-SCREENING	6.00	6.00	6.00	6.00	96
97	PAP TEST	8.80	8.80	8.80	8.80	97
98	ROUTINE URINALYSIS	6.00	6.00	6.00	6.00	98
99	CHEMICAL URINALYSIS	7.20	7.20	7.20	7.20	99
100	PATHOLOGY - THREE SPECIMENS	45.00	40.00	45.00	45.00	100
101	ELEC MONITORING-PACEMAKER	47.70	47.70	47.70	55.00	101
104	HOSPITAL BED - RENTAL	43.99	68.90	35.27	47.30	104
105	WALKER - RENTAL	6.87	6.87	5.84	6.45	105
106	WHEELCHAIR - RENTAL	36.04	21.00	22.05	22.00	106
107	LIQUID OXYGEN - RENTAL	42.20	42.20	42.20	42.20	107
108	HOSPITAL BED - PURCHASE	439.91	798.25	352.75	798.25	108
109	WALKER - PURCHASE	68.70	68.70	58.40	64.50	109
110	WHEELCHAIR - PURCHASE	420.00	420.00	352.75	318.00	110

1985 PREVAILING CHARGE SUMMARY DATA B/S OF MASSACHUSETTS

MAINE
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	AREA 01	AREA 02	AREA 03	
79	THREE CHEMISTRY TESTS	18.90	18.90	18.90	79
80	NINETEEN CHEMISTRY TESTS	13.20	13.20	13.20	80
81	CULTURE - OTHER THAN BLOOD	6.00	6.00	6.00	81
82	HEMOGLOBIN	3.00	3.00	3.00	82
83	AUTOMATED BLOOD COUNT	8.25	8.25	8.25	83
84	WHITE CELL COUNT	3.80	3.80	3.80	84
85	COMPLETE BLOOD COUNT (CBC)	7.80	7.80	7.80	85
86	CHOLESTEROL TEST	6.00	6.00	6.00	86
87	FLOCCULATION TEST	7.20	7.20	7.20	87
88	HEMATOCRIT	3.00	3.00	3.00	88
89	PLATELET COUNT (REES-ECKER)	5.10	5.10	5.10	89
90	POTASSIUM TEST - BLOOD	7.20	7.20	7.20	90
91	PROTHROMBIN TIME TEST	6.00	6.00	6.00	91
92	SEDIMENTATION RATE	4.80	4.80	4.80	92
93	BLOOD SUGAR	4.80	4.80	4.80	93
94	BUN-UREA - NITROGEN	6.60	6.60	6.60	94
95	URIC ACID	6.00	6.00	6.00	95
96	FECES-OCCULT BLOOD-SCREENING	3.00	3.00	3.00	96
97	PAP TEST	5.00*	5.00*	5.00*	97
98	ROUTINE URINALYSIS	4.80	4.80	4.80	98
99	CHEMICAL URINALYSIS	2.10	2.10	2.10	99
100	PATHOLOGY - THREE SPECIMENS	26.40*	26.40*	26.40*	100
101	ELEC MONITORING-PACEMAKER			-	101
104	HOSPITAL BED - RENTAL	85.00	85.00	85.00	104
105	WALKER - RENTAL	17.00	17.00	7.00	105
106	WHEELCHAIR - RENTAL	30.00	30.00	30.00	106
107	LIQUID OXYGEN - RENTAL				107
108	HOSPITAL BED - PURCHASE				108
109	WALKER - PURCHASE				109
110	WHEELCHAIR - PURCHASE	342.00	342.00		110

1985 PREVAILING CHARGE SUMMARY DATA B/S OF MARYLAND

MARYLAND
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	ZONE 1	ZONE 2	ZONE 3	
79	THREE CHEMISTRY TESTS	11.10	11.10	11.10	79
80	NINETEEN CHEMISTRY TESTS	16.80	16.80	16.80	80
81	CULTURE - OTHER THAN BLOOD	10.80			81
82	HEMOGLOBIN	3.10	3.10	3.10	82
83	AUTOMATED BLOOD COUNT	9.00	9.00	9.00	83
84	WHITE CELL COUNT	3.60	3.60	3.60	84
85	COMPLETE BLOOD COUNT (CBC)	9.00	9.00	9.00	85
86	CHOLESTEROL TEST		6.00	6.00	86
87	FLOCCULATION TEST	4.20	4.20	4.20	87
88	HEMATOCRIT	3.60	3.60	3.60	88
89	PLATELET COUNT (REES-ECKER)	6.00	6.00	6.00	89
90	POTASSIUM TEST - BLOOD		6.00	6.00	90
91	PROTHROMBIN TIME TEST	6.00	6.00	6.00	91
92	SEDIMENTATION RATE	5.40	5.40	5.40	92
93	BLOOD SUGAR	5.60	5.60	5.60	93
94	BUN-UREA - NITROGEN	6.00	6.00	6.00	94
95	URIC ACID	6.00	6.00	6.00	95
96	FECES-OCCULT BLOOD-SCREENING	3.00	3.00	3.00	96
97	PAP TEST	10.00	10.00	10.00	97
98	ROUTINE URINALYSIS	4.80	4.80	4.80	98
99	CHEMICAL URINALYSIS	3.00			99
100	PATHOLOGY - THREE SPECIMENS	24.40*	17.00	24.50*	100
101	ELEC MONITORING-PACEMAKER	35.00	39.10*	30.00	101
104	HOSPITAL BED - RENTAL	78.00	78.00	72.00	104
105	WALKER - RENTAL				105
106	WHEELCHAIR - RENTAL				106
107	LIQUID OXYGEN - RENTAL	60.00	62.50	62.50	107
108	HOSPITAL BED - PURCHASE	795.00	795.00	795.00	108
109	WALKER - PURCHASE				109
110	WHEELCHAIR - PURCHASE				110

1985 PREVAILING CHARGE SUMMARY DATA B/S OF MASSACHUSETTS

MASSACHUSETTS
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	URBAN	SUBURB	
79	THREE CHEMISTRY TESTS	19.50	19.50	79
80	NINETEEN CHEMISTRY TESTS	15.00	15.00	80
81	CULTURE - OTHER THAN BLOOD	9.00	9.00	81
82	HEMOGLOBIN	3.90	3.90	82
83	AUTOMATED BLOOD COUNT	9.90	9.90	83
84	WHITE CELL COUNT	3.60	3.60	84
85	COMPLETE BLOOD COUNT (CBC)	8.40	8.40	85
86	CHOLESTEROL TEST	6.60	6.60	86
87	FLOCCULATION TEST			87
88	HEMATOCRIT	4.20	4.20	88
89	PLATELET COUNT (REES-ECKER)	7.20	7.20	89
90	POTASSIUM TEST - BLOOD	7.20	7.20	90
91	PROTHROMBIN TIME TEST	7.20	7.20	91
92	SEDIMENTATION RATE	6.00	6.00	92
93	BLOOD SUGAR	6.00	6.00	93
94	BUN-UREA - NITROGEN	7.20	7.20	94
95	URIC ACID	6.60	6.60	95
96	FECES-OCCULT BLOOD-SCREENING	4.20	4.20	96
97	PAP TEST	9.00	6.00	97
98	ROUTINE URINALYSIS	6.00	6.00	98
99	CHEMICAL URINALYSIS	5.40	5.40	99
100	PATHOLOGY - THREE SPECIMENS	27.30*	27.30*	100
101	ELEC MONITORING-PACEMAKER	60.00	50.00	101
104	HOSPITAL BED - RENTAL	85.00	80.00	104
105	WALKER - RENTAL	11.00	12.00	105
106	WHEELCHAIR - RENTAL	45.00	32.00	106
107	LIQUID OXYGEN - RENTAL	175.00	175.00	107
108	HOSPITAL BED - PURCHASE			108
109	WALKER - PURCHASE	36.00	49.99	109
110	WHEELCHAIR - PURCHASE	355.09	300.00	110

1985 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF MICHIGAN

	PROCEDURE DESCRIPTION	MICHIGAN COMBINED LOCALITY DESIGNATION 1	2	
79	THREE CHEMISTRY TESTS	7.00	7.00	79
80	NINETEEN CHEMISTRY TESTS	20.00	20.00	80
81	CULTURE - OTHER THAN BLOOD	25.00	22.00	81
82	HEMOGLOBIN	3.50L	3.50L	82
83	AUTOMATED BLOOD COUNT	3.50	3.50	83
84	WHITE CELL COUNT	3.00L	3.00L	84
85	COMPLETE BLOOD COUNT (CBC)	6.00L	6.00L	85
86	CHOLESTEROL TEST	6.00L	6.00L	86
87	FLOCCULATION TEST	4.75	4.75	87
88	HEMATOCRIT	3.50L	3.50L	88
89	PLATELET COUNT (REES-ECKER)	7.25	6.50	89
90	POTASSIUM TEST - BLOOD	6.00	6.00	90
91	PROTHROMBIN TIME TEST	6.00L	6.00L	91
92	SEDIMENTATION RATE	3.50L	3.50L	92
93	BLOOD SUGAR	5.75L	5.75L	93
94	BUN-UREA - NITROGEN	5.75L	5.75L	94
95	URIC ACID	5.00L	5.00L	95
96	FECES-OCCULT BLOOD-SCREENING	2.50	2.50	96
97	PAP TEST	7.50L	7.50L	97
98	ROUTINE URINALYSIS	4.75	4.75	98
99	CHEMICAL URINALYSIS	2.50L	2.50L	99
100	PATHOLOGY - THREE SPECIMENS	52.50	52.50	100
101	ELEC MONITORING-PACEMAKER	29.25	29.25	101
104	HOSPITAL BED - RENTAL	90.00	95.00	104
105	WALKER - RENTAL	19.50	24.00	105
106	WHEELCHAIR - RENTAL	30.00	30.00	106
107	LIQUID OXYGEN - RENTAL			107
108	HOSPITAL BED - PURCHASE	1100.00	612.00	108
109	WALKER - PURCHASE	35.00	46.50	109
110	WHEELCHAIR - PURCHASE	320.00	320.00	110

	PROCEDURE DESCRIPTION	AREA 1	
79	THREE CHEMISTRY TESTS	17.40*	79
80	NINETEEN CHEMISTRY TESTS	17.40*	80
81	CULTURE - OTHER THAN BLOOD	9.00*	81
82	HEMOGLOBIN	4.20*	82
83	AUTOMATED BLOOD COUNT		83
84	WHITE CELL COUNT	4.80*	84
85	COMPLETE BLOOD COUNT (CBC)	12.00*	85
86	CHOLESTEROL TEST	6.60*	86
87	FLOCCULATION TEST	5.00*	87
88	HEMATOCRIT	4.20*	88
89	PLATELET COUNT (REES-ECKER)	7.80*	89
90	POTASSIUM TEST - BLOOD	6.30*	90
91	PROTHROMBIN TIME TEST	6.00*	91
92	SEDIMENTATION RATE	4.80*	92
93	BLOOD SUGAR	6.60*	93
94	BUN-UREA - NITROGEN	6.70*	94
95	URIC ACID	6.90*	95
96	FECES-OCCULT BLOOD-SCREENING	3.00*	96
97	PAP TEST	16.50*	97
98	ROUTINE URINALYSIS	5.70*	98
99	CHEMICAL URINALYSIS	3.60*	99
100	PATHOLOGY - THREE SPECIMENS	15.00*	100
101	ELEC MONITORING-PACEMAKER		101
104	HOSPITAL BED - RENTAL	73.00*	104
105	WALKER - RENTAL	25.00*	105
106	WHEELCHAIR - RENTAL	39.00*	106
107	LIQUID OXYGEN - RENTAL	98.00*	107
108	HOSPITAL BED - PURCHASE	659.68*	108
109	WALKER - PURCHASE	57.00*	109
110	WHEELCHAIR - PURCHASE	382.00*	110

1985 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF MINNESOTA

	PROCEDURE DESCRIPTION	MINNESOTA COMBINED LOCALITY DESIGNATION 02	04	
79	THREE CHEMISTRY TESTS	18.60*	18.60*	79
80	NINETEEN CHEMISTRY TESTS	14.40*	14.40*	80
81	CULTURE - OTHER THAN BLOOD	10.14*	10.14*	81
82	HEMOGLOBIN	4.20*	4.20*	82
83	AUTOMATED BLOOD COUNT	10.35*	10.35*	83
84	WHITE CELL COUNT			84
85	COMPLETE BLOOD COUNT (CBC)	6.00*	6.00*	85
86	CHOLESTEROL TEST	6.60*	6.60*	86
87	FLOCCULATION TEST			87
88	HEMATOCRIT	3.90*	3.90*	88
89	PLATELET COUNT (REES-ECKER)	6.60*	6.60*	89
90	POTASSIUM TEST - BLOOD			90
91	PROTHROMBIN TIME TEST	6.00*	6.00*	91
92	SEDIMENTATION RATE	4.80*	4.80*	92
93	BLOOD SUGAR	6.90*	6.90*	93
94	BUN-UREA - NITROGEN	6.90*	6.90*	94
95	URIC ACID	6.90*	6.90*	95
96	FECES-OCCULT BLOOD-SCREENING			96
97	PAP TEST	7.80*	7.80*	97
98	ROUTINE URINALYSIS	5.52*	5.52*	98
99	CHEMICAL URINALYSIS	3.54*	3.54*	99
100	PATHOLOGY - THREE SPECIMENS	25.50	25.50	100
101	ELEC MONITORING-PACEMAKER			101
104	HOSPITAL BED - RENTAL	45.00L	45.00L	104
105	WALKER - RENTAL	10.00	10.00	105
106	WHEELCHAIR - RENTAL	25.00L	25.00L	106
107	LIQUID OXYGEN - RENTAL			107
108	HOSPITAL BED - PURCHASE	433.00L	433.00L	108
109	WALKER - PURCHASE	57.20	57.20	109
110	WHEELCHAIR - PURCHASE	249.50L	249.50L	110

1985 PREVAILING CHARGE SUMMARY DATA THE TRAVELERS INSURANCE COMPANY

MISSISSIPPI
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	AREA 1	AREA 2	
79	THREE CHEMISTRY TESTS			79
80	NINETEEN CHEMISTRY TESTS			80
81	CULTURE - OTHER THAN BLOOD	12.00*	12.00*	81
82	HEMOGLOBIN	3.00*	3.00*	82
83	AUTOMATED BLOOD COUNT			83
84	WHITE CELL COUNT	3.60*	3.60*	84
85	COMPLETE BLOOD COUNT (CBC)	4.80*	4.80*	85
86	CHOLESTEROL TEST	7.20*	7.20*	86
87	FLOCCULATION TEST	7.20*	7.20*	87
88	HEMATOCRIT	3.60*	3.60*	88
89	PLATELET COUNT (REES-ECKER)	6.00*	6.00*	89
90	POTASSIUM TEST - BLOOD	6.60*	6.60*	90
91	PROTHROMBIN TIME TEST	6.00*	6.00*	91
92	SEDIMENTATION RATE	7.20*	7.20*	92
93	BLOOD SUGAR	6.00*	6.00*	93
94	BUN-UREA - NITROGEN	6.00*	6.00*	94
95	URIC ACID	6.60*	6.60*	95
96	FECES-OCCULT BLOOD-SCREENING	3.60*	3.60*	96
97	PAP TEST	7.20*	7.20*	97
98	ROUTINE URINALYSIS	4.20*	4.20*	98
99	CHEMICAL URINALYSIS	3.00*	3.00*	99
100	PATHOLOGY - THREE SPECIMENS	28.60*	33.10*	100
101	ELEC MONITORING-PACEMAKER	41.30*	39.00*	101
104	HOSPITAL BED - RENTAL	55.00*	55.00*	104
105	WALKER - RENTAL	12.00*	12.00*	105
106	WHEELCHAIR - RENTAL	30.00*	30.00*	106
107	LIQUID OXYGEN - RENTAL			107
108	HOSPITAL BED - PURCHASE	661.48*	775.00*	108
109	WALKER - PURCHASE	46.00*	46.00*	109
110	WHEELCHAIR - PURCHASE	339.20*	339.20*	110

1985 PREVAILING CHARGE SUMMARY DATA B/S OF KANSAS CITY,MISSOURI

MISSOURI
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	AREA 01	AREA 02	AREA 03	AREA 06	
79	THREE CHEMISTRY TESTS	15.00	15.00	15.00	15.00	79
80	NINETEEN CHEMISTRY TESTS	21.00	21.00	21.00	21.00	80
81	CULTURE - OTHER THAN BLOOD	10.80	10.80	10.80	10.80	81
82	HEMOGLOBIN	4.20	4.20	4.20	4.20	82
83	AUTOMATED BLOOD COUNT	9.00	9.00	9.00	9.00	83
84	WHITE CELL COUNT	4.50	4.50	4.50	4.50	84
85	COMPLETE BLOOD COUNT (CBC)	9.00	9.00	9.00	9.00	85
86	CHOLESTEROL TEST	6.60	6.60	6.60	6.60	86
87	FLOCCULATION TEST	5.20	5.20	5.20	5.20	87
88	HEMATOCRIT	3.30	3.30	3.30	3.30	88
89	PLATELET COUNT (REES-ECKER)	6.60	6.60	6.60	6.60	89
90	POTASSIUM TEST - BLOOD	6.00	6.00	6.00	6.00	90
91	PROTHROMBIN TIME TEST	6.00	6.00	6.00	6.00	91
92	SEDIMENTATION RATE	5.40	5.40	5.40	5.40	92
93	BLOOD SUGAR	6.00	6.00	6.00	6.00	93
94	BUN-UREA - NITROGEN	6.50	6.50	6.50	6.50	94
95	URIC ACID	6.00	6.00	6.00	6.00	95
96	FECES-OCCULT BLOOD-SCREENING	3.60	3.60	3.60	3.60	96
97	PAP TEST	10.00	12.80	10.00	13.00	97
98	ROUTINE URINALYSIS	5.40	5.40	5.40	5.40	98
99	CHEMICAL URINALYSIS	5.40	5.40	5.40	5.40	99
100	PATHOLOGY - THREE SPECIMENS					100
101	ELEC MONITORING-PACEMAKER			30.00	33.00	101
104	HOSPITAL BED - RENTAL	50.00L	50.15L	65.00L	50.00L	104
105	WALKER - RENTAL	38.00	38.00	38.00	30.00	105
106	WHEELCHAIR - RENTAL	30.00L	50.00L	35.00L	23.50L	106
107	LIQUID OXYGEN - RENTAL	66.00				107
108	HOSPITAL BED - PURCHASE	220.00L	220.00L	220.00L	220.00L	108
109	WALKER - PURCHASE	68.45	68.45	68.45	68.34	109
110	WHEELCHAIR - PURCHASE	293.00L	293.00L	300.00L	292.42L	110

MONTANA
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	MT	
79	THREE CHEMISTRY TESTS	16.00	79
80	NINETEEN CHEMISTRY TESTS	22.40	80
81	CULTURE - OTHER THAN BLOOD	11.10	81
82	HEMOGLOBIN	3.90	82
83	AUTOMATED BLOOD COUNT	10.80	83
84	WHITE CELL COUNT	4.20	84
85	COMPLETE BLOOD COUNT (CBC)	4.70	85
86	CHOLESTEROL TEST	7.50	86
87	FLOCCULATION TEST	5.40	87
88	HEMATOCRIT	3.60	88
89	PLATELET COUNT (REES-ECKER)	6.60	89
90	POTASSIUM TEST - BLOOD	8.10	90
91	PROTHROMBIN TIME TEST	6.30	91
92	SEDIMENTATION RATE	5.20	92
93	BLOOD SUGAR	7.20	93
94	BUN-UREA - NITROGEN	7.70	94
95	URIC ACID		95
96	FECES-OCCULT BLOOD-SCREENING	3.20	96
97	PAP TEST	7.80	97
98	ROUTINE URINALYSIS	4.80	98
99	CHEMICAL URINALYSIS	3.20	99
100	PATHOLOGY - THREE SPECIMENS	27.00*P	100
101	ELEC MONITORING-PACEMAKER	17.60*	101
104	HOSPITAL BED - RENTAL	40.00L	104
105	WALKER - RENTAL	15.00	105
106	WHEELCHAIR - RENTAL	30.00L	106
107	LIQUID OXYGEN - RENTAL	95.00	107
108	HOSPITAL BED - PURCHASE	79.00	108
109	WALKER - PURCHASE	64.80L	109
110	WHEELCHAIR - PURCHASE	372.00	110

1985 PREVAILING CHARGE SUMMARY DATA MUTUAL OF OMAHA INSURANCE CO. NEBRASKA

COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	AREA 1	AREA 3	AREA 4	
79	THREE CHEMISTRY TESTS	12.50	12.50	12.50	79
80	NINETEEN CHEMISTRY TESTS	16.80	16.80	16.80	80
81	CULTURE - OTHER THAN BLOOD	16.10	16.10	16.10	81
82	HEMOGLOBIN	3.70L	3.70L	3.70L	82
83	AUTOMATED BLOOD COUNT	10.00	10.00	10.00	83
84	WHITE CELL COUNT	3.70L	3.70L	3.70L	84
85	COMPLETE BLOOD COUNT (CBC)	5.10L	5.10L	5.10L	85
86	CHOLESTEROL TEST	6.60L	6.60L	6.60L	86
87	FLOCCULATION TEST	4.20	4.20	4.20	87
88	HEMATOCRIT	3.60L	3.60L	3.60L	88
89	PLATELET COUNT (REES-ECKER)	7.10	7.10	7.10	89
90	POTASSIUM TEST - BLOOD	6.60	6.60	6.60	90
91	PROTHROMBIN TIME TEST	6.60L	6.60L	6.60L	91
92	SEDIMENTATION RATE	4.80L	4.80L	4.80L	92
93	BLOOD SUGAR	6.60L	6.60L	6.60L	93
94	BUN-UREA - NITROGEN	6.70L	6.70L	6.70L	94
95	URIC ACID	6.90L	6.90L	6.90L	95
96	FECES-OCCULT BLOOD-SCREENING	3.00	3.00	3.00	96
97	PAP TEST	8.00L	8.00L	8.00L	97
98	ROUTINE URINALYSIS	4.80L	4.80L	4.80L	98
99	CHEMICAL URINALYSIS	4.80L	4.80L	4.80L	99
100	PATHOLOGY - THREE SPECIMENS	21.00	21.00	21.00	100
101	ELEC MONITORING-PACEMAKER	33.00	27.50	33.00	101
104	HOSPITAL BED - RENTAL	45.00L	65.00L	49.00L	104
105	WALKER - RENTAL	12.00L	15.00L	15.00L	105
106	WHEELCHAIR - RENTAL	24.00L	35.00L	28.00L	106
107	LIQUID OXYGEN - RENTAL				107
108	HOSPITAL BED - PURCHASE	587.00L	587.00L	587.00L	108
109	WALKER - PURCHASE	63.00L	65.00L	66.50L	109
110	WHEELCHAIR - PURCHASE	295.00L	290.00L	255.00L	110

1985 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY

NEVADA
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	01	02	03	99	
79	THREE CHEMISTRY TESTS	13.80*	13.80*	13.80*	13.80*	79
80	NINETEEN CHEMISTRY TESTS	19.80	19.80	19.80	19.80	80
81	CULTURE - OTHER THAN BLOOD	15.00	15.00	15.00	15.00	81
82	HEMOGLOBIN	5.55	5.55	5.55		82
83	AUTOMATED BLOOD COUNT	10.80	10.80			83
84	WHITE CELL COUNT	4.20	4.20	4.20		84
85	COMPLETE BLOOD COUNT (CBC)	9.00	9.00	9.00L	9.00	85
86	CHOLESTEROL TEST	9.00	9.00	9.00		86
87	FLOCCULATION TEST	12.00	12.00			87
88	HEMATOCRIT	5.10	5.10L	5.10		88
89	PLATELET COUNT (REES-ECKER)	7.80	7.80	7.80		89
90	POTASSIUM TEST - BLOOD	6.60	6.60	6.60	6.60	90
91	PROTHROMBIN TIME TEST	7.65	7.65	7.65	7.65	91
92	SEDIMENTATION RATE	6.30L	6.30	6.30	6.30	92
93	BLOOD SUGAR	6.30	6.30	6.30	6.30	93
94	BUN-UREA - NITROGEN	6.60	6.60			94
95	URIC ACID	7.20	7.20	7.20L	7.20	95
96	FECES-OCCULT BLOOD-SCREENING	5.40	5.40			96
97	PAP TEST	15.00	12.00	10.00		97
98	ROUTINE URINALYSIS	6.00L	6.00	6.00	6.00	98
99	CHEMICAL URINALYSIS			4.80		99
100	PATHOLOGY - THREE SPECIMENS					100
101	ELEC MONITORING-PACEMAKER	33.10*	35.00			101
104	HOSPITAL BED - RENTAL					104
105	WALKER - RENTAL					105
106	WHEELCHAIR - RENTAL	39.70*	50.00		39.70*	106
107	LIQUID OXYGEN - RENTAL					107
108	HOSPITAL BED - PURCHASE	1013.10*	1013.10	1013.10*		108
109	WALKER - PURCHASE					109
110	WHEELCHAIR - PURCHASE					110

1985 PREVAILING CHARGE SUMMARY DATA NEW HAMPSHIRE-VERMONT B/S

NEW HAMPSHIRE
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	01	
79	THREE CHEMISTRY TESTS	7.80	79
80	NINETEEN CHEMISTRY TESTS	13.80	80
81	CULTURE - OTHER THAN BLOOD	6.00	81
82	HEMOGLOBIN	3.80	82
83	AUTOMATED BLOOD COUNT	4.20	83
84	WHITE CELL COUNT	2.40	84
85	COMPLETE BLOOD COUNT (CBC)	7.20	85
86	CHOLESTEROL TEST	6.00	86
87	FLOCCULATION TEST	3.00	87
88	HEMATOCRIT	3.00	88
89	PLATELET COUNT (REES-ECKER)	4.80	89
90	POTASSIUM TEST - BLOOD	5.40	90
91	PROTHROMBIN TIME TEST	6.00	91
92	SEDIMENTATION RATE	4.80	92
93	BLOOD SUGAR	6.00	93
94	BUN-UREA - NITROGEN	7.20	94
95	URIC ACID	6.30	95
96	FECES-OCCULT BLOOD-SCREENING	2.60	96
97	PAP TEST	6.60	97
98	ROUTINE URINALYSIS	4.20	98
99	CHEMICAL URINALYSIS	2.40	99
100	PATHOLOGY - THREE SPECIMENS	30.00	100
101	ELEC MONITORING-PACEMAKER		101
104	HOSPITAL BED - RENTAL		104
105	WALKER - RENTAL	20.00	105
106	WHEELCHAIR - RENTAL	30.00L	106
107	LIQUID OXYGEN - RENTAL		107
108	HOSPITAL BED - PURCHASE		108
109	WALKER - PURCHASE	50.00	109
110	WHEELCHAIR - PURCHASE	269.00L	110

1985 PREVAILING CHARGE SUMMARY DATA PRUDENTIAL INSURANCE COMPANY

NEW JERSEY
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	01	02	03	
79	THREE CHEMISTRY TESTS	6.00	6.00	6.00	79
80	NINETEEN CHEMISTRY TESTS	13.80	13.80	13.80	80
81	CULTURE - OTHER THAN BLOOD	14.50	14.50	14.50	81
82	HEMOGLOBIN	3.00	3.00	3.00	82
83	AUTOMATED BLOOD COUNT	3.00	3.00	3.00	83
84	WHITE CELL COUNT	3.00	3.00	3.00	84
85	COMPLETE BLOOD COUNT (CBC)	6.00	6.00	6.00	85
86	CHOLESTEROL TEST	5.40	5.40	5.40	86
87	FLOCCULATION TEST	5.60	5.60	5.60	87
88	HEMATOCRIT	3.50	3.50	3.50	88
89	PLATELET COUNT (REES-ECKER)	6.20	6.20	6.20	89
90	POTASSIUM TEST - BLOOD	5.40	5.40	5.40	90
91	PROTHROMBIN TIME TEST	6.00	6.00	6.00	91
92	SEDIMENTATION RATE	5.50	5.50	5.50	92
93	BLOOD SUGAR	4.80	4.80	4.80	93
94	BUN-UREA - NITROGEN	5.40	5.40	5.40	94
95	URIC ACID	5.40	5.40	5.40	95
96	FECES-OCCULT BLOOD-SCREENING	4.80	4.80	4.80	96
97	PAP TEST	9.25L	9.25L	9.25L	97
98	ROUTINE URINALYSIS	4.40	4.40	4.40	98
99	CHEMICAL URINALYSIS	4.40	4.40	4.40	99
100	PATHOLOGY - THREE SPECIMENS	26.20	26.20	26.20	100
101	ELEC MONITORING-PACEMAKER	149.40*	117.00*	112.20*	101
104	HOSPITAL BED - RENTAL	60.00L	60.00L	60.00L	104
105	WALKER - RENTAL	25.00	25.00	25.00	105
106	WHEELCHAIR - RENTAL	35.00L	35.00L	35.00L	106
107	LIQUID OXYGEN - RENTAL	175.00	175.00	175.00	107
108	HOSPITAL BED - PURCHASE				108
109	WALKER - PURCHASE	65.00	65.00	65.00	109
110	WHEELCHAIR - PURCHASE	300.00L	300.00L	300.00L	110

1985 PREVAILING CHARGE SUMMARY DATA EQUITABLE LIFE ASSURANCE SOCIETY NEW MEXICO
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	SINGLE	
79	THREE CHEMISTRY TESTS	7.83	79
80	NINETEEN CHEMISTRY TESTS	15.65	80
81	CULTURE - OTHER THAN BLOOD	8.40	81
82	HEMOGLOBIN	3.76	82
83	AUTOMATED BLOOD COUNT		83
84	WHITE CELL COUNT	4.39	84
85	COMPLETE BLOOD COUNT (CBC)	8.70	85
86	CHOLESTEROL TEST	6.90	86
87	FLOCCULATION TEST	6.00	87
88	HEMATOCRIT	3.60	88
89	PLATELET COUNT (REES-ECKER)	6.25	89
90	POTASSIUM TEST - BLOOD	7.20	90
91	PROTHROMBIN TIME TEST	6.88	91
92	SEDIMENTATION RATE	5.40	92
93	BLOOD SUGAR	6.85	93
94	BUN-UREA - NITROGEN	6.60	94
95	URIC ACID	7.20	95
96	FECES-OCCULT BLOOD-SCREENING	3.76	96
97	PAP TEST	7.80	97
98	ROUTINE URINALYSIS	5.31	98
99	CHEMICAL URINALYSIS	4.20	99
100	PATHOLOGY - THREE SPECIMENS	32.60*	100
101	ELEC MONITORING-PACEMAKER	49.70*	101
104	HOSPITAL BED - RENTAL	47.03L	104
105	WALKER - RENTAL	17.20	105
106	WHEELCHAIR - RENTAL	26.13L	106
107	LIQUID OXYGEN - RENTAL	117.04	107
108	HOSPITAL BED - PURCHASE	542.35L	108
109	WALKER - PURCHASE	67.77	109
110	WHEELCHAIR - PURCHASE	334.40L	110

	PROCEDURE DESCRIPTION	NEW YORK COMBINED LOCALITY DESIGNATION A	B	C	
79	THREE CHEMISTRY TESTS	5.00	5.00	5.00	79
80	NINETEEN CHEMISTRY TESTS	13.80	13.80	13.80	80
81	CULTURE - OTHER THAN BLOOD	12.00	12.00	12.00	81
82	HEMOGLOBIN	3.60	3.60	3.60	82
83	AUTOMATED BLOOD COUNT				83
84	WHITE CELL COUNT	4.20	4.20	4.20	84
85	COMPLETE BLOOD COUNT (CBC)	6.00	6.00	6.00	85
86	CHOLESTEROL TEST	6.00	6.00	6.00	86
87	FLOCCULATION TEST	6.00	6.00	6.00	87
88	HEMATOCRIT	3.60	3.60	3.60	88
89	PLATELET COUNT (REES-ECKER)	6.00	6.00	6.00	89
90	POTASSIUM TEST - BLOOD	6.30	6.30	6.30	90
91	PROTHROMBIN TIME TEST	6.00	6.00	6.00	91
92	SEDIMENTATION RATE	6.00	6.00	6.00	92
93	BLOOD SUGAR	6.00	6.00	6.00	93
94	BUN-UREA - NITROGEN	6.00	6.00	6.00	94
95	URIC ACID	6.00	6.00	6.00	95
96	FECES-OCCULT BLOOD-SCREENING	5.40	5.40	5.40	96
97	PAP TEST	6.00	6.00	6.00	97
98	ROUTINE URINALYSIS	5.10	5.10	5.10	98
99	CHEMICAL URINALYSIS				99
100	PATHOLOGY - THREE SPECIMENS				100
101	ELEC MONITORING-PACEMAKER	80.00*	76.30*	55.00	101
104	HOSPITAL BED - RENTAL	82.00L	60.00L	82.00L	104
105	WALKER - RENTAL	18.00L	0.00L	20.00L	105
106	WHEELCHAIR - RENTAL	35.00L	5.00L	40.00L	106
107	LIQUID OXYGEN - RENTAL				107
108	HOSPITAL BED - PURCHASE	669.00L	669.00L	669.00L	108
109	WALKER - PURCHASE	55.00L	52.00L	49.75L	109
110	WHEELCHAIR - PURCHASE	350.00L	310.00L	382.00L	110

1985 PREVAILING CHARGE SUMMARY DATA GROUP HEALTH INCORPORATED NEW YORK
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	SINGLE	
79	THREE CHEMISTRY TESTS	5.00	79
80	NINETEEN CHEMISTRY TESTS	13.80	80
81	CULTURE - OTHER THAN BLOOD	12.00	81
82	HEMOGLOBIN	3.60	82
83	AUTOMATED BLOOD COUNT		83
84	WHITE CELL COUNT	4.20	84
85	COMPLETE BLOOD COUNT (CBC)	6.00	85
86	CHOLESTEROL TEST	6.00	86
87	FLOCCULATION TEST	6.00	87
88	HEMATOCRIT	3.60	88
89	PLATELET COUNT (REES-ECKER)	6.00	89
90	POTASSIUM TEST - BLOOD	6.30	90
91	PROTHROMBIN TIME TEST	6.00	91
92	SEDIMENTATION RATE	6.00	92
93	BLOOD SUGAR	6.00	93
94	BUN-UREA - NITROGEN	6.00	94
95	URIC ACID	6.00	95
96	FECES-OCCULT BLOOD-SCREENING	5.40	96
97	PAP TEST	6.00	97
98	ROUTINE URINALYSIS	5.10	98
99	CHEMICAL URINALYSIS		99
100	PATHOLOGY - THREE SPECIMENS		100
101	ELEC MONITORING-PACEMAKER	76.30*	101
104	HOSPITAL BED - RENTAL	60.00L	104
105	WALKER - RENTAL	20.00L	105
106	WHEELCHAIR - RENTAL	35.00L	106
107	LIQUID OXYGEN - RENTAL	70.00L	107
108	HOSPITAL BED - PURCHASE	669.00L	108
109	WALKER - PURCHASE	52.00L	109
110	WHEELCHAIR - PURCHASE	310.00L	110

1985 PREVAILING CHARGE SUMMARY DATA B/S OF WESTERN NEW YORK

NEW YORK
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	1	2	3	4	
79	THREE CHEMISTRY TESTS	7.20	7.20	7.20	7.20	79
80	NINETEEN CHEMISTRY TESTS	14.40	14.40	14.40	14.40	80
81	CULTURE - OTHER THAN BLOOD	9.00	9.00	9.00	9.00	81
82	HEMOGLOBIN	3.00	3.00	3.00	3.00	82
83	AUTOMATED BLOOD COUNT	7.80				83
84	WHITE CELL COUNT	3.00	3.00	3.00	3.00	84
85	COMPLETE BLOOD COUNT (CBC)	4.80	4.80	4.80	4.80	85
86	CHOLESTEROL TEST	5.40	5.40	5.40	5.40	86
87	FLOCCULATION TEST	3.00	3.00	3.00	3.00	87
88	HEMATOCRIT	3.00	3.00	3.00	3.00	88
89	PLATELET COUNT (REES-ECKER)	7.20	7.20	7.20	7.20	89
90	POTASSIUM TEST - BLOOD	5.40	5.40	5.40	5.40	90
91	PROTHROMBIN TIME TEST	4.80	4.80	4.80	4.80	91
92	SEDIMENTATION RATE	4.50	4.50	4.50	4.50	92
93	BLOOD SUGAR	5.00	5.00	5.00	5.00	93
94	BUN-UREA - NITROGEN	5.40	5.40	5.40	5.40	94
95	URIC ACID	5.10	5.10	5.10	5.10	95
96	FECES-OCCULT BLOOD-SCREENING	3.30	3.30	3.30	3.30	96
97	PAP TEST	6.60L	6.60L	6.60L	6.60L	97
98	ROUTINE URINALYSIS	3.90	3.90	3.90	3.90	98
99	CHEMICAL URINALYSIS	1.80	1.80	1.80	1.80	99
100	PATHOLOGY - THREE SPECIMENS	29.00*	30.00	50.00	35.00	100
101	ELEC MONITORING-PACEMAKER	21.20*	25.80*	40.00	30.00	101
104	HOSPITAL BED - RENTAL	55.00L	60.00L	45.00L	60.00L	104
105	WALKER - RENTAL	13.00	15.00	15.00	18.00	105
106	WHEELCHAIR - RENTAL	38.00	45.00	40.00	50.00	106
107	LIQUID OXYGEN - RENTAL	55.00	55.00	55.00	55.00	107
108	HOSPITAL BED - PURCHASE	200.75L	200.75L	200.75L	200.75L	108
109	WALKER - PURCHASE	45.00	59.60	48.00	46.00	109
110	WHEELCHAIR - PURCHASE	382.00	382.00	382.00	382.00	110

1985 PREVAILING CHARGE SUMMARY DATA PRUDENTIAL INSURANCE COMPANY

NORTH CAROLINA
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	94	95	
79	THREE CHEMISTRY TESTS	7.80	7.80	79
80	NINETEEN CHEMISTRY TESTS	12.60	12.60	80
81	CULTURE - OTHER THAN BLOOD	6.00	6.00	81
82	HEMOGLOBIN	3.00	3.00	82
83	AUTOMATED BLOOD COUNT	7.20	7.20	83
84	WHITE CELL COUNT	3.00	3.00	84
85	COMPLETE BLOOD COUNT (CBC)	7.20	7.20	85
86	CHOLESTEROL TEST	6.00	6.00	86
87	FLOCCULATION TEST	5.40	5.40	87
88	HEMATOCRIT	3.00	3.00	88
89	PLATELET COUNT (REES-ECKER)	5.40	5.40	89
90	POTASSIUM TEST - BLOOD	5.40	5.40	90
91	PROTHROMBIN TIME TEST	6.00	6.00	91
92	SEDIMENTATION RATE	5.70	5.70	92
93	BLOOD SUGAR	5.10	5.10	93
94	BUN-UREA - NITROGEN	4.80	4.80	94
95	URIC ACID	6.00	6.00	95
96	FECES-OCCULT BLOOD-SCREENING	2.90	2.90	96
97	PAP TEST	8.00L	8.00	97
98	ROUTINE URINALYSIS	4.20	4.20	98
99	CHEMICAL URINALYSIS	3.00	3.00	99
100	PATHOLOGY - THREE SPECIMENS	25.00	25.00	100
101	ELEC MONITORING-PACEMAKER	14.60*	12.30*	101
104	HOSPITAL BED - RENTAL	53.04L	53.04L	104
105	WALKER - RENTAL	12.00	12.00	105
106	WHEELCHAIR - RENTAL	27.00L	27.00L	106
107	LIQUID OXYGEN - RENTAL	40.94	40.94	107
108	HOSPITAL BED - PURCHASE	464.20L	464.20L	108
109	WALKER - PURCHASE	46.90	46.90	109
110	WHEELCHAIR - PURCHASE	291.60L	291.60L	110

1985 PREVAILING CHARGE SUMMARY DATA B/S OF NORTH DAKOTA

NORTH DAKOTA
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	SINGLE	
79	THREE CHEMISTRY TESTS	23.40	79
80	NINETEEN CHEMISTRY TESTS	19.20	80
81	CULTURE - OTHER THAN BLOOD	13.80	81
82	HEMOGLOBIN	4.20	82
83	AUTOMATED BLOOD COUNT	12.00	83
84	WHITE CELL COUNT	4.20	84
85	COMPLETE BLOOD COUNT (CBC)	6.00	85
86	CHOLESTEROL TEST	7.80	86
87	FLOCCULATION TEST	5.25	87
88	HEMATOCRIT	4.05	88
89	PLATELET COUNT (REES-ECKER)	6.00	89
90	POTASSIUM TEST - BLOOD	8.70	90
91	PROTHROMBIN TIME TEST	7.20	91
92	SEDIMENTATION RATE	4.80	92
93	BLOOD SUGAR	7.80	93
94	BUN-UREA - NITROGEN	8.40	94
95	URIC ACID	7.95	95
96	FECES-OCCULT BLOOD-SCREENING	4.20	96
97	PAP TEST	6.00	97
98	ROUTINE URINALYSIS	4.80	98
99	CHEMICAL URINALYSIS	2.70	99
100	PATHOLOGY - THREE SPECIMENS	27.00	100
101	ELEC MONITORING-PACEMAKER	25.20*	101
104	HOSPITAL BED - RENTAL	65.00	104
105	WALKER - RENTAL	6.00	105
106	WHEELCHAIR - RENTAL	25.00L	106
107	LIQUID OXYGEN - RENTAL		107
108	HOSPITAL BED - PURCHASE		108
109	WALKER - PURCHASE	66.00	109
110	WHEELCHAIR - PURCHASE	385.00L	110

1985 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.

OHIO
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	01	02	03	04	
79	THREE CHEMISTRY TESTS	9.30	9.30	9.30	9.30	79
80	NINETEEN CHEMISTRY TESTS	19.40	19.40	19.40	19.40	80
81	CULTURE - OTHER THAN BLOOD	10.20	10.20	10.20	10.20	81
82	HEMOGLOBIN	3.60	3.60	3.60	3.60	82
83	AUTOMATED BLOOD COUNT					83
84	WHITE CELL COUNT	3.30	3.30	3.30	3.30	84
85	COMPLETE BLOOD COUNT (CBC)	8.40	8.40	8.40	8.40	85
86	CHOLESTEROL TEST	6.00	6.00	6.00	6.00	86
87	FLOCCULATION TEST	5.70	5.70	5.70	5.70	87
88	HEMATOCRIT	3.00	3.00	3.00	3.00	88
89	PLATELET COUNT (REES-ECKER)	5.40	5.40	5.40	5.40	89
90	POTASSIUM TEST - BLOOD	6.00	6.00	6.00	6.00	90
91	PROTHROMBIN TIME TEST	6.00	6.00	6.00	6.00	91
92	SEDIMENTATION RATE	6.00	6.00	6.00	6.00	92
93	BLOOD SUGAR	5.40	5.40	5.40	5.40	93
94	BUN-UREA - NITROGEN	6.00	6.00	6.00	6.00	94
95	URIC ACID	6.60	6.60	6.60	6.60	95
96	FECES-OCCULT BLOOD-SCREENING	3.00	3.00	3.00	3.00	96
97	PAP TEST	7.20	7.20	7.20	7.20	97
98	ROUTINE URINALYSIS	4.80	4.80	4.80	4.80	98
99	CHEMICAL URINALYSIS	2.40	2.40	2.40	2.40	99
100	PATHOLOGY - THREE SPECIMENS	39.90	39.90	39.90	39.90	100
101	ELEC MONITORING-PACEMAKER	39.90	39.90	39.90	39.90	101
104	HOSPITAL BED - RENTAL	40.00	50.00L	65.00	50.00L	104
105	WALKER - RENTAL	10.00	28.18	20.00	18.00	105
106	WHEELCHAIR - RENTAL	24.00	25.00L	25.00L	25.00L	106
107	LIQUID OXYGEN - RENTAL	70.00	87.23	75.00	100.00	107
108	HOSPITAL BED - PURCHASE	573.00L	573.00L	573.00L	573.00L	108
109	WALKER - PURCHASE	53.15	75.00	64.80	57.12	109
110	WHEELCHAIR - PURCHASE	293.95L	293.95L	293.95L	293.95L	110

1985 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.

OHIO
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	05	06	07	08	
79	THREE CHEMISTRY TESTS	9.30	9.30	9.30	9.30	79
80	NINETEEN CHEMISTRY TESTS	19.40	19.40	19.40	19.40	80
81	CULTURE - OTHER THAN BLOOD	10.20	10.20	10.20	10.20	81
82	HEMOGLOBIN	3.60	3.60	3.60	3.60	82
83	AUTOMATED BLOOD COUNT					83
84	WHITE CELL COUNT	3.30	3.30	3.30	3.30	84
85	COMPLETE BLOOD COUNT (CBC)	8.40	8.40	8.40	8.40	85
86	CHOLESTEROL TEST	6.00	6.00	6.00	6.00	86
87	FLOCCULATION TEST	5.70	5.70	5.70	5.70	87
88	HEMATOCRIT	3.00	3.00	3.00	3.00	88
89	PLATELET COUNT (REES-ECKER)	5.40	5.40	5.40	5.40	89
90	POTASSIUM TEST - BLOOD	6.00	6.00	6.00	6.00	90
91	PROTHROMBIN TIME TEST	6.00	6.00	6.00	6.00	91
92	SEDIMENTATION RATE	6.00	6.00	6.00	6.00	92
93	BLOOD SUGAR	5.40	5.40	5.40	5.40	93
94	BUN-UREA - NITROGEN	6.00	6.00	6.00	6.00	94
95	URIC ACID	6.60	6.60	6.60	6.60	95
96	FECES-OCCULT BLOOD-SCREENING	3.00	3.00	3.00	3.00	96
97	PAP TEST	7.20	7.20	7.20	7.20	97
98	ROUTINE URINALYSIS	4.80	4.80	4.80	4.80	98
99	CHEMICAL URINALYSIS	2.40	2.40	2.40	2.40	99
100	PATHOLOGY - THREE SPECIMENS	39.90	39.90	39.90	39.90	100
101	ELEC MONITORING-PACEMAKER	33.90	39.90	39.90	39.90	101
104	HOSPITAL BED - RENTAL	60.00	50.00L	72.00	50.00L	104
105	WALKER - RENTAL	14.15	16.00	10.00	20.00	105
106	WHEELCHAIR - RENTAL	25.00L	25.00L	25.00L	25.00L	106
107	LIQUID OXYGEN - RENTAL	75.00	87.23	87.23	87.23	107
108	HOSPITAL BED - PURCHASE	573.00L	573.00L	573.00L	573.00L	108
109	WALKER - PURCHASE	61.15	57.72	54.80	61.15	109
110	WHEELCHAIR - PURCHASE	293.95L	293.95L	293.95L	293.95L	110

1985 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO. OHIO

COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	09	10	11	12	
79	THREE CHEMISTRY TESTS	9.30	9.30	9.30	9.30	79
80	NINETEEN CHEMISTRY TESTS	19.40	19.40	19.40	19.40	80
81	CULTURE - OTHER THAN BLOOD	10.20	10.20	10.20	10.20	81
82	HEMOGLOBIN	3.60	3.60	3.60	3.00	82
83	AUTOMATED BLOOD COUNT					83
84	WHITE CELL COUNT	3.30	3.30	3.30	3.30	84
85	COMPLETE BLOOD COUNT (CBC)	8.40	8.40	8.40	8.40	85
86	CHOLESTEROL TEST	6.00	6.00	6.00	6.00	86
87	FLOCCULATION TEST	5.70	5.70	5.70	5.70	87
88	HEMATOCRIT	3.00	3.00	3.00	3.00	88
89	PLATELET COUNT (REES-ECKER)	5.40	5.40	5.40	5.40	89
90	POTASSIUM TEST - BLOOD	6.00	6.00	6.00	6.00	90
91	PROTHROMBIN TIME TEST	6.00	6.00	6.00	6.00	91
92	SEDIMENTATION RATE	6.00	6.00	6.00	6.00	92
93	BLOOD SUGAR	5.40	5.40	5.40	5.40	93
94	BUN-UREA - NITROGEN	6.00	6.00	6.00	6.00	94
95	URIC ACID	6.60	6.60	6.60	6.60	95
96	FECES-OCCULT BLOOD-SCREENING	3.00	3.00	3.00	3.00	96
97	PAP TEST	7.20	7.20	7.20	7.20	97
98	ROUTINE URINALYSIS	4.80	4.80	4.80	4.80	98
99	CHEMICAL URINALYSIS	2.40	2.40	2.40	2.40	99
100	PATHOLOGY - THREE SPECIMENS	39.90	39.90	39.90	39.90	100
101	ELEC MONITORING-PACEMAKER	39.90	39.90	39.90	39.90	101
104	HOSPITAL BED - RENTAL	75.00	50.00L	70.00	50.00L	104
105	WALKER - RENTAL	18.00	16.00	20.00	20.00	105
106	WHEELCHAIR - RENTAL	25.00L	25.00L	25.00L	25.00L	106
107	LIQUID OXYGEN - RENTAL	87.23	90.00	87.23	87.23	107
108	HOSPITAL BED - PURCHASE	573.00L	573.00L	573.00L	573.00L	108
109	WALKER - PURCHASE	55.95	58.00	61.15	64.80	109
110	WHEELCHAIR - PURCHASE	293.95L	293.95L	293.95L	293.95L	110

1985 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.

OHIO
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	13	14	15	
79	THREE CHEMISTRY TESTS	9.30	9.30	9.30	79
80	NINETEEN CHEMISTRY TESTS	19.40	19.40	19.40	80
81	CULTURE - OTHER THAN BLOOD	10.20	10.20	10.20	81
82	HEMOGLOBIN	3.60	3.60	3.60	82
83	AUTOMATED BLOOD COUNT				83
84	WHITE CELL COUNT	3.30	3.30	3.30	84
85	COMPLETE BLOOD COUNT (CBC)	8.40	8.40	8.40	85
86	CHOLESTEROL TEST	6.00	6.00	6.00	86
87	FLOCCULATION TEST	5.70	5.70	5.70	87
88	HEMATOCRIT	3.00	3.00	3.00	88
89	PLATELET COUNT (REES-ECKER)	5.40	5.40	5.40	89
90	POTASSIUM TEST - BLOOD	6.00	6.00	6.00	90
91	PROTHROMBIN TIME TEST	6.00	6.00	6.00	91
92	SEDIMENTATION RATE	6.00	6.00	6.00	92
93	BLOOD SUGAR	5.40	5.40	5.40	93
94	BUN-UREA - NITROGEN	6.00	6.00	6.00	94
95	URIC ACID	6.60	6.60	6.60	95
96	FECES-OCCULT BLOOD-SCREENING	3.00	3.00	3.00	96
97	PAP TEST	7.20	7.20	7.20	97
98	ROUTINE URINALYSIS	4.80	4.80	4.80	98
99	CHEMICAL URINALYSIS	2.40	2.40	2.40	99
100	PATHOLOGY - THREE SPECIMENS	39.90	39.90	39.90	100
101	ELEC MONITORING-PACEMAKER	39.90	39.90	39.90	101
104	HOSPITAL BED - RENTAL	58.00	50.00L	50.00	104
105	WALKER - RENTAL	13.13	18.00	20.00	105
106	WHEELCHAIR - RENTAL	23.50	25.00	25.00	106
107	LIQUID OXYGEN - RENTAL	87.23	87.23	87.23	107
108	HOSPITAL BED - PURCHASE	573.00L	573.00L	573.00L	108
109	WALKER - PURCHASE	66.00	55.00	61.00	109
110	WHEELCHAIR - PURCHASE	293.95L	293.95L	293.95L	110

1985 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY

OKLAHOMA
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	01	02	03	04	
79	THREE CHEMISTRY TESTS	21.00	21.00	21.00	21.00	79
80	NINETEEN CHEMISTRY TESTS	21.00	21.00	21.00	21.00	80
81	CULTURE - OTHER THAN BLOOD	12.00	12.00	12.00	12.00	81
82	HEMOGLOBIN	4.80	4.80	4.80	4.80	82
83	AUTOMATED BLOOD COUNT	7.20	7.20	7.20	7.20	83
84	WHITE CELL COUNT	5.40	5.40	5.40	5.40L	84
85	COMPLETE BLOOD COUNT (CBC)	9.00	9.00L	9.00	9.00	85
86	CHOLESTEROL TEST	7.20	7.20	7.20	7.20	86
87	FLOCCULATION TEST	5.40	5.40	3.10*	5.40	87
88	HEMATOCRIT	4.20	4.20	4.20L	4.20	88
89	PLATELET COUNT (REES-ECKER)	6.60	6.60	6.60	6.60	89
90	POTASSIUM TEST - BLOOD	7.50	7.50	7.50	7.50	90
91	PROTHROMBIN TIME TEST	6.75L	6.75	6.75	6.75	91
92	SEDIMENTATION RATE	6.00	6.00	10.00	6.00	92
93	BLOOD SUGAR	6.90	6.90	6.90	6.90	93
94	BUN-UREA - NITROGEN	7.20	7.20	7.20L	7.20	94
95	URIC ACID	7.20L	7.20	7.20	7.20	95
96	FECES-OCCULT BLOOD-SCREENING	3.60	3.60	3.60	3.60	96
97	PAP TEST	12.00	13.00	15.00	12.00	97
98	ROUTINE URINALYSIS	6.00	6.00L	6.00	6.00	98
99	CHEMICAL URINALYSIS					99
100	PATHOLOGY - THREE SPECIMENS	31.50	26.50	37.00	27.00	100
101	ELEC MONITORING-PACEMAKER	28.70*	21.80*	22.20*		101
104	HOSPITAL BED - RENTAL					104
105	WALKER - RENTAL	28.00	28.00	28.00		105
106	WHEELCHAIR - RENTAL	41.60	35.00	35.00	35.00	106
107	LIQUID OXYGEN - RENTAL	104.00	115.00	115.00	115.00	107
108	HOSPITAL BED - PURCHASE	795.00	795.00L	795.00	795.00	108
109	WALKER - PURCHASE					109
110	WHEELCHAIR - PURCHASE					110

1985 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY

OKLAHOMA
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	99	
79	THREE CHEMISTRY TESTS	21.00	79
80	NINETEEN CHEMISTRY TESTS	21.00	80
81	CULTURE - OTHER THAN BLOOD	12.00	81
82	HEMOGLOBIN		82
83	AUTOMATED BLOOD COUNT	7.20	83
84	WHITE CELL COUNT	5.40	84
85	COMPLETE BLOOD COUNT (CBC)	9.00	85
86	CHOLESTEROL TEST	7.20L	86
87	FLOCCULATION TEST	5.40*	87
88	HEMATOCRIT	4.20	88
89	PLATELET COUNT (REES-ECKER)	6.60	89
90	POTASSIUM TEST - BLOOD	7.50	90
91	PROTHROMBIN TIME TEST	6.75	91
92	SEDIMENTATION RATE	6.00	92
93	BLOOD SUGAR	6.90L	93
94	BUN-UREA - NITROGEN	7.20	94
95	URIC ACID	7.20	95
96	FECES-OCCULT BLOOD-SCREENING	3.60	96
97	PAP TEST	15.00	97
98	ROUTINE URINALYSIS	6.00	98
99	CHEMICAL URINALYSIS		99
100	PATHOLOGY - THREE SPECIMENS		100
101	ELEC MONITORING-PACEMAKER		101
104	HOSPITAL BED - RENTAL		104
105	WALKER - RENTAL	28.00	105
106	WHEELCHAIR - RENTAL	70.00	106
107	LIQUID OXYGEN - RENTAL	115.00	107
108	HOSPITAL BED - PURCHASE	795.00	108
109	WALKER - PURCHASE		109
110	WHEELCHAIR - PURCHASE		110

1985 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY

OREGON
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	01	02	03	12	
79	THREE CHEMISTRY TESTS	12.00*	12.00*	12.00*	12.00*	79
80	NINETEEN CHEMISTRY TESTS	12.00	12.00	12.00	12.00	80
81	CULTURE - OTHER THAN BLOOD	12.30	12.30	12.30	12.30	81
82	HEMOGLOBIN	3.60	3.60	3.60	3.60	82
83	AUTOMATED BLOOD COUNT	7.86*	7.86	7.86	7.86	83
84	WHITE CELL COUNT	3.75	3.75	3.75	3.75	84
85	COMPLETE BLOOD COUNT (CBC)	9.60L	9.60	9.60	9.60	85
86	CHOLESTEROL TEST	7.80	7.80	7.80	7.80	86
87	FLOCCULATION TEST	5.88	5.88	5.88	5.88	87
88	HEMATOCRIT	3.90	3.90	3.90	3.90	88
89	PLATELET COUNT (REES-ECKER)	7.20	7.20	7.20	7.20	89
90	POTASSIUM TEST - BLOOD	7.20*	7.20	7.20	7.20	90
91	PROTHROMBIN TIME TEST	6.60	6.60L	6.60	6.60	91
92	SEDIMENTATION RATE	4.80	4.80	4.80	4.80	92
93	BLOOD SUGAR	6.42*	6.42*	6.42	6.42	93
94	BUN-UREA - NITROGEN	7.20	7.20	7.20L	7.20	94
95	URIC ACID	7.50	7.50	7.50	7.50	95
96	FECES-OCCULT BLOOD-SCREENING	3.30	3.30	3.30	3.30	96
97	PAP TEST	10.75	12.00	8.25	13.50	97
98	ROUTINE URINALYSIS	5.28	5.28	5.28	5.28L	98
99	CHEMICAL URINALYSIS	3.90	3.90		3.90	99
100	PATHOLOGY - THREE SPECIMENS	33.00				100
101	ELEC MONITORING-PACEMAKER	42.00	39.00	39.00		101
104	HOSPITAL BED - RENTAL					104
105	WALKER - RENTAL					105
106	WHEELCHAIR - RENTAL	30.00	30.00	32.50	25.00L	106
107	LIQUID OXYGEN - RENTAL	85.00	85.00	85.00		107
108	HOSPITAL BED - PURCHASE	947.00	947.00	947.00	947.00	108
109	WALKER - PURCHASE					109
110	WHEELCHAIR - PURCHASE					110

1985 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY

OREGON
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	99	
79	THREE CHEMISTRY TESTS	12.00*	79
80	NINETEEN CHEMISTRY TESTS	12.00	80
81	CULTURE - OTHER THAN BLOOD	12.30	81
82	HEMOGLOBIN	3.60	82
83	AUTOMATED BLOOD COUNT	7.86	83
84	WHITE CELL COUNT	3.75L	84
85	COMPLETE BLOOD COUNT (CBC)	9.60	85
86	CHOLESTEROL TEST	7.80	86
87	FLOCCULATION TEST	5.88	87
88	HEMATOCRIT	3.90	88
89	PLATELET COUNT (REES-ECKER)	7.20	89
90	POTASSIUM TEST - BLOOD	7.20	90
91	PROTHROMBIN TIME TEST	6.60	91
92	SEDIMENTATION RATE	4.80	92
93	BLOOD SUGAR	6.42	93
94	BUN-UREA - NITROGEN	7.20	94
95	URIC ACID	7.50	95
96	FECES-OCCULT BLOOD-SCREENING	3.30	96
97	PAP TEST	11.00	97
98	ROUTINE URINALYSIS	5.28	98
99	CHEMICAL URINALYSIS		99
100	PATHOLOGY - THREE SPECIMENS		100
101	ELEC MONITORING-PACEMAKER		101
104	HOSPITAL BED - RENTAL		104
105	WALKER - RENTAL		105
106	WHEELCHAIR - RENTAL	27.00	106
107	LIQUID OXYGEN - RENTAL	85.00	107
108	HOSPITAL BED - PURCHASE	947.00	108
109	WALKER - PURCHASE		109
110	WHEELCHAIR - PURCHASE		110

1985 PREVAILING CHARGE SUMMARY DATA PENNSYLVANIA B/S

	PROCEDURE DESCRIPTION	PENNSYLVANIA COMBINED LOCALITY DESIGNATION 1	2	3	4	
79	THREE CHEMISTRY TESTS	9.00	9.00	9.00	9.00	79
80	NINETEEN CHEMISTRY TESTS	16.40	16.40	16.40	16.40	80
81	CULTURE - OTHER THAN BLOOD	6.60	6.60	6.60	6.60	81
82	HEMOGLOBIN	3.60	3.60	3.50L	3.60	82
83	AUTOMATED BLOOD COUNT	6.50L	7.20	7.20	7.20	83
84	WHITE CELL COUNT	3.00L	3.90	3.90	2.00L	84
85	COMPLETE BLOOD COUNT (CBC)	7.80	7.80	7.80	7.80	85
86	CHOLESTEROL TEST	6.00	6.00	6.00	6.00	86
87	FLOCCULATION TEST	6.00	6.00	6.00	6.00	87
88	HEMATOCRIT	3.60	3.60	3.60	3.60	88
89	PLATELET COUNT (REES-ECKER)	6.60	6.60	6.60	6.60	89
90	POTASSIUM TEST - BLOOD	6.00	6.00	6.00	6.00	90
91	PROTHROMBIN TIME TEST	6.00	6.00	6.00	6.00	91
92	SEDIMENTATION RATE	6.00	6.00	6.00	6.00	92
93	BLOOD SUGAR	5.40	5.40	5.40	5.40	93
94	BUN-UREA - NITROGEN	5.00L	6.00	6.00	6.00	94
95	URIC ACID	6.00	6.00	6.00	6.00	95
96	FECES-OCCULT BLOOD-SCREENING	4.20	4.20	4.20	4.20	96
97	PAP TEST	8.00	7.00L	8.00	8.00	97
98	ROUTINE URINALYSIS	4.80	4.80	4.80	4.80	98
99	CHEMICAL URINALYSIS	4.20	4.20	4.20	4.20	99
100	PATHOLOGY - THREE SPECIMENS	28.00	28.00	28.00	28.00	100
101	ELEC MONITORING-PACEMAKER	40.00	43.70*	40.00	40.00	101
104	HOSPITAL BED - RENTAL	65.00L	65.00L	65.00L	65.00L	104
105	WALKER - RENTAL	28.00*	25.00*	20.00*	15.00*	105
106	WHEELCHAIR - RENTAL	50.00*	35.00L	38.00L	36.00L	106
107	LIQUID OXYGEN - RENTAL	105.00*	110.00	105.00	105.00*	107
108	HOSPITAL BED - PURCHASE	550.00L	550.00L	625.00L	550.00L	108
109	WALKER - PURCHASE	59.50*	60.00*	59.50*	59.50*	109
110	WHEELCHAIR - PURCHASE	398.00*	265.00L	355.00L	320.00L	110

1985 PREVAILING CHARGE SUMMARY DATA B/S OF RHODE ISLAND

RHODE ISLAND
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	SINGLE	
79	THREE CHEMISTRY TESTS	12.00*	79
80	NINETEEN CHEMISTRY TESTS		80
81	CULTURE - OTHER THAN BLOOD	9.00	81
82	HEMOGLOBIN	4.80	82
83	AUTOMATED BLOOD COUNT	9.00L	83
84	WHITE CELL COUNT	3.60L	84
85	COMPLETE BLOOD COUNT (CBC)	9.00L	85
86	CHOLESTEROL TEST	6.60L	86
87	FLOCCULATION TEST	6.00L	87
88	HEMATOCRIT	4.80	88
89	PLATELET COUNT (REES-ECKER)	7.20L	89
90	POTASSIUM TEST - BLOOD	6.00	90
91	PROTHROMBIN TIME TEST	6.60	91
92	SEDIMENTATION RATE	6.00L	92
93	BLOOD SUGAR	6.60L	93
94	BUN-UREA - NITROGEN	6.60L	94
95	URIC ACID	6.60L	95
96	FECES-OCCULT BLOOD-SCREENING	2.00L	96
97	PAP TEST	6.00	97
98	ROUTINE URINALYSIS	6.00L	98
99	CHEMICAL URINALYSIS	3.60L	99
100	PATHOLOGY - THREE SPECIMENS	21.00	100
101	ELEC MONITORING-PACEMAKER		101
104	HOSPITAL BED - RENTAL	30.00L	104
105	WALKER - RENTAL	6.00	105
106	WHEELCHAIR - RENTAL	20.00	106
107	LIQUID OXYGEN - RENTAL		107
108	HOSPITAL BED - PURCHASE		108
109	WALKER - PURCHASE	57.50	109
110	WHEELCHAIR - PURCHASE	295.00	110

1985 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF SOUTH CAROLINA

SOUTH CAROLINA
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	SINGLE	
79	THREE CHEMISTRY TESTS	8.40	79
80	NINETEEN CHEMISTRY TESTS	15.00	80
81	CULTURE - OTHER THAN BLOOD	8.40	81
82	HEMOGLOBIN	3.00	82
83	AUTOMATED BLOOD COUNT	6.00	83
84	WHITE CELL COUNT	3.00	84
85	COMPLETE BLOOD COUNT (CBC)	8.40	85
86	CHOLESTEROL TEST	5.10	86
87	FLOCCULATION TEST	5.40	87
88	HEMATOCRIT	3.00	88
89	PLATELET COUNT (REES-ECKER)	5.40	89
90	POTASSIUM TEST - BLOOD	6.00	90
91	PROTHROMBIN TIME TEST	5.40	91
92	SEDIMENTATION RATE	5.40	92
93	BLOOD SUGAR	5.10	93
94	BUN-UREA - NITROGEN	5.40	94
95	URIC ACID	6.00	95
96	FECES-OCCULT BLOOD-SCREENING	3.00	96
97	PAP TEST	6.00	97
98	ROUTINE URINALYSIS	3.60	98
99	CHEMICAL URINALYSIS	3.00	99
100	PATHOLOGY - THREE SPECIMENS	27.00	100
101	ELEC MONITORING-PACEMAKER	37.82*	101
104	HOSPITAL BED - RENTAL	45.00L	104
105	WALKER - RENTAL		105
106	WHEELCHAIR - RENTAL	35.00L	106
107	LIQUID OXYGEN - RENTAL	103.00	107
108	HOSPITAL BED - PURCHASE	574.80L	108
109	WALKER - PURCHASE	50.00	109
110	WHEELCHAIR - PURCHASE	298.50L	110

1985 PREVAILING CHARGE SUMMARY DATA B/S OF NORTH DAKOTA

SOUTH DAKOTA
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	SINGLE	
79	THREE CHEMISTRY TESTS	18.00	79
80	NINETEEN CHEMISTRY TESTS	15.90	80
81	CULTURE - OTHER THAN BLOOD	10.80	81
82	HEMOGLOBIN	4.20	82
83	AUTOMATED BLOOD COUNT	9.00	83
84	WHITE CELL COUNT	3.00	84
85	COMPLETE BLOOD COUNT (CBC)	4.80	85
86	CHOLESTEROL TEST	7.20	86
87	FLOCCULATION TEST	7.20	87
88	HEMATOCRIT	4.20	88
89	PLATELET COUNT (REES-ECKER)	5.10	89
90	POTASSIUM TEST - BLOOD	7.20	90
91	PROTHROMBIN TIME TEST	6.54	91
92	SEDIMENTATION RATE	4.50	92
93	BLOOD SUGAR	6.60	93
94	BUN-UREA - NITROGEN	7.20	94
95	URIC ACID	7.20	95
96	FECES-OCCULT BLOOD-SCREENING	3.00	96
97	PAP TEST	6.60	97
98	ROUTINE URINALYSIS	4.80	98
99	CHEMICAL URINALYSIS	2.04	99
100	PATHOLOGY - THREE SPECIMENS	26.00	100
101	ELEC MONITORING-PACEMAKER	23.60*	101
104	HOSPITAL BED - RENTAL	96.50	104
105	WALKER - RENTAL	15.50	105
106	WHEELCHAIR - RENTAL	32.50L	106
107	LIQUID OXYGEN - RENTAL	100.00	107
108	HOSPITAL BED - PURCHASE	682.00	108
109	WALKER - PURCHASE	64.25	109
110	WHEELCHAIR - PURCHASE	349.00L	110

1985 PREVAILING CHARGE SUMMARY DATA EQUITABLE LIFE ASSURANCE SOCIETY TENNESSEE

	PROCEDURE DESCRIPTION	COMBINED LOCALITY DESIGNATION 35	
79	THREE CHEMISTRY TESTS	6.50	79
80	NINETEEN CHEMISTRY TESTS	13.70	80
81	CULTURE - OTHER THAN BLOOD	15.00	81
82	HEMOGLOBIN	3.60	82
83	AUTOMATED BLOOD COUNT	9.00	83
84	WHITE CELL COUNT	4.80	84
85	COMPLETE BLOOD COUNT (CBC)	9.00	85
86	CHOLESTEROL TEST	6.60	86
87	FLOCCULATION TEST	4.20	87
88	HEMATOCRIT	3.60	88
89	PLATELET COUNT (REES-ECKER)	6.60	89
90	POTASSIUM TEST - BLOOD	6.60	90
91	PROTHROMBIN TIME TEST	6.00	91
92	SEDIMENTATION RATE	6.00	92
93	BLOOD SUGAR	6.00	93
94	BUN-UREA - NITROGEN	6.00	94
95	URIC ACID	6.90	95
96	FECES-OCCULT BLOOD-SCREENING	3.00	96
97	PAP TEST	7.20	97
98	ROUTINE URINALYSIS	4.80	98
99	CHEMICAL URINALYSIS	4.80	99
100	PATHOLOGY - THREE SPECIMENS	35.25*	100
101	ELEC MONITORING-PACEMAKER	35.00	101
104	HOSPITAL BED - RENTAL	55.00L	104
105	WALKER - RENTAL	13.76	105
106	WHEELCHAIR - RENTAL	30.50L	106
107	LIQUID OXYGEN - RENTAL	35.00	107
108	HOSPITAL BED - PURCHASE	415.00L	108
109	WALKER - PURCHASE	59.99	109
110	WHEELCHAIR - PURCHASE	277.00L	110

1985 PREVAILING CHARGE SUMMARY DATA B/S - B/C OF TEXAS, INC.

TEXAS
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	06	07	08	09	
79	THREE CHEMISTRY TESTS	16.20	16.20	16.20	16.20	79
80	NINETEEN CHEMISTRY TESTS	24.60	24.60	24.60	24.60	80
81	CULTURE - OTHER THAN BLOOD	12.00	12.00	12.00	12.00	81
82	HEMOGLOBIN	4.20	4.20	4.20	4.20	82
83	AUTOMATED BLOOD COUNT	9.00	9.00	9.00	9.00	83
84	WHITE CELL COUNT	4.20	4.20	4.20	4.20	84
85	COMPLETE BLOOD COUNT (CBC)	8.40	8.40	8.40	8.40	85
86	CHOLESTEROL TEST	7.20	7.20	7.20	7.20	86
87	FLOCCULATION TEST	7.20	7.20	7.20	7.20	87
88	HEMATOCRIT	3.60	3.60	3.60	3.60	88
89	PLATELET COUNT (REES-ECKER)	6.60	6.60	6.60	6.60	89
90	POTASSIUM TEST - BLOOD	7.20	7.20	7.20	7.20	90
91	PROTHROMBIN TIME TEST	7.20	7.20	7.20	7.20	91
92	SEDIMENTATION RATE	6.00	6.00	6.00	6.00	92
93	BLOOD SUGAR	7.20	7.20	7.20	7.20	93
94	BUN-UREA - NITROGEN	7.20	7.20	7.20	7.20	94
95	URIC ACID	7.20	7.20	7.20	7.20	95
96	FECES-OCCULT BLOOD-SCREENING	4.80	4.80	4.80	4.80	96
97	PAP TEST	6.80	6.80	6.80	6.80	97
98	ROUTINE URINALYSIS	6.00	6.00	6.00	6.00	98
99	CHEMICAL URINALYSIS	6.00	6.00	6.00	6.00	99
100	PATHOLOGY - THREE SPECIMENS		122.00*			100
101	ELEC MONITORING-PACEMAKER					101
104	HOSPITAL BED - RENTAL	50.00L	50.00L	50.00L	50.00L	104
105	WALKER - RENTAL	21.25	21.25	21.25	21.25	105
106	WHEELCHAIR - RENTAL	30.00L	30.00L	30.00L	30.00L	106
107	LIQUID OXYGEN - RENTAL	92.00	92.00	92.00	92.00	107
108	HOSPITAL BED - PURCHASE	535.50L	535.50L	535.50L	535.50L	108
109	WALKER - PURCHASE	54.00	54.00	54.00	54.00	109
110	WHEELCHAIR - PURCHASE	315.00L	315.00L	315.00L	315.00L	110

1985 PREVAILING CHARGE SUMMARY DATA B/S - B/C OF TEXAS, INC.

	PROCEDURE DESCRIPTION	TEXAS COMBINED LOCALITY DESIGNATION 10	11	12	13	
79	THREE CHEMISTRY TESTS	16.20	16.20	16.20	16.20	79
80	NINETEEN CHEMISTRY TESTS	24.60	24.60	24.60	24.60	80
81	CULTURE - OTHER THAN BLOOD	12.00	12.00	12.00	12.00	81
82	HEMOGLOBIN	4.20	4.20	4.20	4.20	82
83	AUTOMATED BLOOD COUNT	9.00	9.00	9.00	9.00	83
84	WHITE CELL COUNT	4.20	4.20	4.20	4.20	84
85	COMPLETE BLOOD COUNT (CBC)	8.40	8.40	8.40	8.40	85
86	CHOLESTEROL TEST	7.20	7.20	7.20	7.20	86
87	FLOCCULATION TEST	7.20	7.20	7.20	7.20	87
88	HEMATOCRIT	3.60	3.60	3.60	3.60	88
89	PLATELET COUNT (REES-ECKER)	6.60	6.60	6.60	6.60	89
90	POTASSIUM TEST - BLOOD	7.20	7.20	7.20	7.20	90
91	PROTHROMBIN TIME TEST	7.20	7.20	7.20	7.20	91
92	SEDIMENTATION RATE	6.00	6.00	6.00	6.00	92
93	BLOOD SUGAR	7.20	7.20	7.20	7.20	93
94	BUN-UREA - NITROGEN	7.20	7.20	7.20	7.20	94
95	URIC ACID	7.20	7.20	7.20	7.20	95
96	FECES-OCCULT BLOOD-SCREENING	4.80	4.80	4.80	4.80	96
97	PAP TEST	6.80	6.80	6.80	6.80	97
98	ROUTINE URINALYSIS	6.00	6.00	6.00	6.00	98
99	CHEMICAL URINALYSIS	6.00	6.00	6.00	6.00	99
100	PATHOLOGY - THREE SPECIMENS		96.50*			100
101	ELEC MONITORING-PACEMAKER		35.00			101
104	HOSPITAL BED - RENTAL	50.00L	50.00L	50.00L	50.00L	104
105	WALKER - RENTAL	21.25	21.25	21.25	21.25	105
106	WHEELCHAIR - RENTAL	30.00L	30.00L	30.00L	30.00L	106
107	LIQUID OXYGEN - RENTAL	92.00	92.00	92.00	92.00	107
108	HOSPITAL BED - PURCHASE	535.50L	535.50L	535.50L	535.50L	108
109	WALKER - PURCHASE	54.00	54.00	54.00	54.00	109
110	WHEELCHAIR - PURCHASE	315.00L	315.00L	315.00L	315.00L	110

1985 PREVAILING CHARGE SUMMARY DATA B/S - B/C OF TEXAS, INC.

	PROCEDURE DESCRIPTION	TEXAS COMBINED LOCALITY DESIGNATION 14	15	16	17	
79	THREE CHEMISTRY TESTS	16.20	16.20	16.20	16.20	79
80	NINETEEN CHEMISTRY TESTS	24.60	24.60	24.60	24.60	80
81	CULTURE - OTHER THAN BLOOD	12.00	12.00	12.00	12.00	81
82	HEMOGLOBIN	4.20	4.20	4.20	4.20	82
83	AUTOMATED BLOOD COUNT	9.00	9.00	9.00	9.00	83
84	WHITE CELL COUNT	4.20	4.20	4.20	4.20	84
85	COMPLETE BLOOD COUNT (CBC)	8.40	8.40	8.40	8.40	85
86	CHOLESTEROL TEST	7.20	7.20	7.20	7.20	86
87	FLOCCULATION TEST	7.20	7.20	7.20	7.20	87
88	HEMATOCRIT	3.60	3.60	3.60	3.60	88
89	PLATELET COUNT (REES-ECKER)	6.60	6.60	6.60	6.60	89
90	POTASSIUM TEST - BLOOD	7.20	7.20	7.20	7.20	90
91	PROTHROMBIN TIME TEST	7.20	7.20	7.20	7.20	91
92	SEDIMENTATION RATE	6.00	6.00	6.00	6.00	92
93	BLOOD SUGAR	7.20	7.20	7.20	7.20	93
94	BUN-UREA - NITROGEN	7.20	7.20	7.20	7.20	94
95	URIC ACID	7.20	7.20	7.20	7.20	95
96	FECES-OCCULT BLOOD-SCREENING	4.80	4.80	4.80	4.80	96
97	PAP TEST	6.80	6.80	6.80	6.80	97
98	ROUTINE URINALYSIS	6.00	6.00	6.00	6.00	98
99	CHEMICAL URINALYSIS	6.00	6.00	6.00	6.00	99
100	PATHOLOGY - THREE SPECIMENS					100
101	ELEC MONITORING-PACEMAKER					101
104	HOSPITAL BED - RENTAL	50.00L	50.00L	50.00L	50.00L	104
105	WALKER - RENTAL	21.25	21.25	21.25	21.25	105
106	WHEELCHAIR - RENTAL	30.00L	30.00L	30.00L	30.00L	106
107	LIQUID OXYGEN - RENTAL	92.00	92.00	92.00	92.00	107
108	HOSPITAL BED - PURCHASE	535.50L	535.50L	535.50L	535.50L	108
109	WALKER - PURCHASE	54.00	54.00	54.00	54.00	109
110	WHEELCHAIR - PURCHASE	315.00L	315.00L	315.00L	315.00L	110

1985 PREVAILING CHARGE SUMMARY DATA B/S - B/C OF TEXAS, INC.

	PROCEDURE DESCRIPTION	TEXAS COMBINED LOCALITY DESIGNATION 18	19	20	21	
79	THREE CHEMISTRY TESTS	16.20	16.20	16.20	16.20	79
80	NINETEEN CHEMISTRY TESTS	24.60	24.60	24.60	24.60	80
81	CULTURE - OTHER THAN BLOOD	12.00	12.00	12.00	12.00	81
82	HEMOGLOBIN	4.20	4.20	4.20	4.20	82
83	AUTOMATED BLOOD COUNT	9.00	9.00	9.00	9.00	83
84	WHITE CELL COUNT	4.20	4.20	4.20	4.20	84
85	COMPLETE BLOOD COUNT (CBC)	8.40	8.40	8.40	8.40	85
86	CHOLESTEROL TEST	7.20	7.20	7.20	7.20	86
87	FLOCCULATION TEST	7.20	7.20	7.20	7.20	87
88	HEMATOCRIT	3.60	3.60	3.60	3.60	88
89	PLATELET COUNT (REES-ECKER)	6.60	6.60	6.60	6.60	89
90	POTASSIUM TEST - BLOOD	7.20	7.20	7.20	7.20	90
91	PROTHROMBIN TIME TEST	7.20	7.20	7.20	7.20	91
92	SEDIMENTATION RATE	6.00	6.00	6.00	6.00	92
93	BLOOD SUGAR	7.20	7.20	7.20	7.20	93
94	BUN-UREA - NITROGEN	7.20	7.20	7.20	7.20	94
95	URIC ACID	7.20	7.20	7.20	7.20	95
96	FECES-OCCULT BLOOD-SCREENING	4.80	4.80	4.80	4.80	96
97	PAP TEST	6.80	6.80	6.80	6.80	97
98	ROUTINE URINALYSIS	6.00	6.00	6.00	6.00	98
99	CHEMICAL URINALYSIS	6.00	6.00	6.00	6.00	99
100	PATHOLOGY - THREE SPECIMENS	103.00*				100
101	ELEC MONITORING-PACEMAKER	35.00				101
104	HOSPITAL BED - RENTAL	50.00L	50.00L	50.00L	50.00L	104
105	WALKER - RENTAL	21.25	21.25	21.25	21.25	105
106	WHEELCHAIR - RENTAL	30.00L	30.00L	30.00L	30.00L	106
107	LIQUID OXYGEN - RENTAL	92.00	92.00	92.00	92.00	107
108	HOSPITAL BED - PURCHASE	535.50L	535.50L	535.50L	535.50L	108
109	WALKER - PURCHASE	54.00	54.00	54.00	54.00	109
110	WHEELCHAIR - PURCHASE	315.00L	315.00L	315.00L	315.00L	110

1985 PREVAILING CHARGE SUMMARY DATA B/S - B/C OF TEXAS, INC.

TEXAS
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	22	23	24	25	
79	THREE CHEMISTRY TESTS	16.20	16.20	16.20	16.20	79
80	NINETEEN CHEMISTRY TESTS	24.60	24.60	24.60	24.60	80
81	CULTURE - OTHER THAN BLOOD	12.00	12.00	12.00	12.00	81
82	HEMOGLOBIN	4.20	4.20	4.20	4.20	82
83	AUTOMATED BLOOD COUNT	9.00	9.00	9.00	9.00	83
84	WHITE CELL COUNT	4.20	4.20	4.20	4.20	84
85	COMPLETE BLOOD COUNT (CBC)	8.40	8.40	8.40	8.40	85
86	CHOLESTEROL TEST	7.20	7.20	7.20	7.20	86
87	FLOCCULATION TEST	7.20	7.20	7.20	7.20	87
88	HEMATOCRIT	3.60	3.60	3.60	3.60	88
89	PLATELET COUNT (REES-ECKER)	6.60	6.60	6.60	6.60	89
90	POTASSIUM TEST - BLOOD	7.20	7.20	7.20	7.20	90
91	PROTHROMBIN TIME TEST	7.20	7.20	7.20	7.20	91
92	SEDIMENTATION RATE	6.00	6.00	6.00	6.00	92
93	BLOOD SUGAR	7.20	7.20	7.20	7.20	93
94	BUN-UREA - NITROGEN	7.20	7.20	7.20	7.20	94
95	URIC ACID	7.20	7.20	7.20	7.20	95
96	FECES-OCCULT BLOOD-SCREENING	4.80	4.80	4.80	4.80	96
97	PAP TEST	6.80	6.80	6.80	6.80	97
98	ROUTINE URINALYSIS	6.00	6.00	6.00	6.00	98
99	CHEMICAL URINALYSIS	6.00	6.00	6.00	6.00	99
100	PATHOLOGY - THREE SPECIMENS					100
101	ELEC MONITORING-PACEMAKER					101
104	HOSPITAL BED - RENTAL	50.00L	50.00L	50.00L	50.00L	104
105	WALKER - RENTAL	21.25	21.25	21.25	21.25	105
106	WHEELCHAIR - RENTAL	30.00L	30.00L	30.00L	30.00L	106
107	LIQUID OXYGEN - RENTAL	92.00	92.00	92.00	92.00	107
108	HOSPITAL BED - PURCHASE	535.50L	535.50L	535.50L	535.50L	108
109	WALKER - PURCHASE	54.00	54.00	54.00	54.00	109
110	WHEELCHAIR - PURCHASE	315.00L	315.00L	315.00L	315.00L	110

1985 PREVAILING CHARGE SUMMARY DATA B/S - B/C OF TEXAS, INC.

TEXAS
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	26	27	28	29	
79	THREE CHEMISTRY TESTS	16.20	16.20	16.20	16.20	79
80	NINETEEN CHEMISTRY TESTS	24.60	24.60	24.60	24.60	80
81	CULTURE - OTHER THAN BLOOD	12.00	12.00	12.00	12.00	81
82	HEMOGLOBIN	4.20	4.20	4.20	4.20	82
83	AUTOMATED BLOOD COUNT	9.00	9.00	9.00	9.00	83
84	WHITE CELL COUNT	4.20	4.20	4.20	4.20	84
85	COMPLETE BLOOD COUNT (CBC)	8.40	8.40	8.40	8.40	85
86	CHOLESTEROL TEST	7.20	7.20	7.20	7.20	86
87	FLOCCULATION TEST	7.20	7.20	7.20	7.20	87
88	HEMATOCRIT	3.60	3.60	3.60	3.60	88
89	PLATELET COUNT (REES-ECKER)	6.60	6.60	6.60	6.60	89
90	POTASSIUM TEST - BLOOD	7.20	7.20	7.20	7.20	90
91	PROTHROMBIN TIME TEST	7.20	7.20	7.20	7.20	91
92	SEDIMENTATION RATE	6.00	6.00	6.00	6.00	92
93	BLOOD SUGAR	7.20	7.20	7.20	7.20	93
94	BUN-UREA - NITROGEN	7.20	7.20	7.20	7.20	94
95	URIC ACID	7.20	7.20	7.20	7.20	95
96	FECES-OCCULT BLOOD-SCREENING	4.80	4.80	4.80	4.80	96
97	PAP TEST	6.80	6.80	6.80	6.80	97
98	ROUTINE URINALYSIS	6.00	6.00	6.00	6.00	98
99	CHEMICAL URINALYSIS	6.00	6.00	6.00	6.00	99
100	PATHOLOGY - THREE SPECIMENS					100
101	ELEC MONITORING-PACEMAKER					101
104	HOSPITAL BED - RENTAL	50.00L	50.00L	50.00L	50.00L	104
105	WALKER - RENTAL	21.25	21.25	21.25	21.25	105
106	WHEELCHAIR - RENTAL	30.00L	30.00L	30.00L	30.00L	106
107	LIQUID OXYGEN - RENTAL	92.00	92.00	92.00	92.00	107
108	HOSPITAL BED - PURCHASE	535.50L	535.50L	535.50L	535.50L	108
109	WALKER - PURCHASE	54.00	54.00	54.00	54.00	109
110	WHEELCHAIR - PURCHASE	315.00L	315.00L	315.00L	315.00L	110

1985 PREVAILING CHARGE SUMMARY DATA B/S - B/C OF TEXAS, INC.

	PROCEDURE DESCRIPTION	TEXAS COMBINED LOCALITY DESIGNATION 30	31	32	33	
79	THREE CHEMISTRY TESTS	16.20	16.20	16.20	16.20	79
80	NINETEEN CHEMISTRY TESTS	24.60	24.60	24.60	24.60	80
81	CULTURE - OTHER THAN BLOOD	12.00	12.00	12.00	12.00	81
82	HEMOGLOBIN	4.20	4.20	4.20	4.20	82
83	AUTOMATED BLOOD COUNT	9.00	9.00	9.00	9.00	83
84	WHITE CELL COUNT	4.20	4.20	4.20	4.20	84
85	COMPLETE BLOOD COUNT (CBC)	8.40	8.40	8.40	8.40	85
86	CHOLESTEROL TEST	7.20	7.20	7.20	7.20	86
87	FLOCCULATION TEST	7.20	7.20	7.20	7.20	87
88	HEMATOCRIT	3.60	3.60	3.60	3.60	88
89	PLATELET COUNT (REES-ECKER)	6.60	6.60	6.60	6.60	89
90	POTASSIUM TEST - BLOOD	7.20	7.20	7.20	7.20	90
91	PROTHROMBIN TIME TEST	7.20	7.20	7.20	7.20	91
92	SEDIMENTATION RATE	6.00	6.00	6.00	6.00	92
93	BLOOD SUGAR	7.20	7.20	7.20	7.20	93
94	BUN-UREA - NITROGEN	7.20	7.20	7.20	7.20	94
95	URIC ACID	7.20	7.20	7.20	7.20	95
96	FECES-OCCULT BLOOD-SCREENING	4.80	4.80	4.80	4.80	96
97	PAP TEST	6.80	6.80	6.80	6.80	97
98	ROUTINE URINALYSIS	6.00	6.00	6.00	6.00	98
99	CHEMICAL URINALYSIS	6.00	6.00	6.00	6.00	99
100	PATHOLOGY - THREE SPECIMENS					100
101	ELEC MONITORING-PACEMAKER					101
104	HOSPITAL BED - RENTAL	50.00L	50.00L	50.00L	50.00L	104
105	WALKER - RENTAL	21.25	21.25	21.25	21.25	105
106	WHEELCHAIR - RENTAL	30.00L	30.00L	30.00L	30.00L	106
107	LIQUID OXYGEN - RENTAL	92.00	92.00	92.00	92.00	107
108	HOSPITAL BED - PURCHASE	535.50L	535.50L	535.50L	535.50L	108
109	WALKER - PURCHASE	54.00	54.00	54.00	54.00	109
110	WHEELCHAIR - PURCHASE	315.00L	315.00L	315.00L	315.00L	110

1985 PREVAILING CHARGE SUMMARY DATA B/S - B/C OF TEXAS, INC.

	PROCEDURE DESCRIPTION	TEXAS COMBINED LOCALITY DESIGNATION 34	02(NE)	03(SE)	04(WE)	
79	THREE CHEMISTRY TESTS	16.20	16.20	16.20	16.20	79
80	NINETEEN CHEMISTRY TESTS	24.60	24.60	24.60	24.60	80
81	CULTURE - OTHER THAN BLOOD	12.00	12.00	12.00	12.00	81
82	HEMOGLOBIN	4.20	4.20	4.20	4.20	82
83	AUTOMATED BLOOD COUNT	9.00	9.00	9.00	9.00	83
84	WHITE CELL COUNT	4.20	4.20	4.20	4.20	84
85	COMPLETE BLOOD COUNT (CBC)	8.40	8.40	8.40	8.40	85
86	CHOLESTEROL TEST	7.20	7.20	7.20	7.20	86
87	FLOCCULATION TEST	7.20	7.20	7.20	7.20	87
88	HEMATOCRIT	3.60	3.60	3.60	3.60	88
89	PLATELET COUNT (REES-ECKER)	6.60	6.60	6.60	6.60	89
90	POTASSIUM TEST - BLOOD	7.20	7.20	7.20	7.20	90
91	PROTHROMBIN TIME TEST	7.20	7.20	7.20	7.20	91
92	SEDIMENTATION RATE	6.00	6.00	6.00	6.00	92
93	BLOOD SUGAR	7.20	7.20	7.20	7.20	93
94	BUN-UREA - NITROGEN	7.20	7.20	7.20	7.20	94
95	URIC ACID	7.20	7.20	7.20	7.20	95
96	FECES-OCCULT BLOOD-SCREENING	4.80	4.80	4.80	4.80	96
97	PAP TEST	6.80	6.80	6.80	6.80	97
98	ROUTINE URINALYSIS	6.00	6.00	6.00	6.00	98
99	CHEMICAL URINALYSIS	6.00	6.00	6.00	6.00	99
100	PATHOLOGY - THREE SPECIMENS		90.00	103.00*	60.00	100
101	ELEC MONITORING-PACEMAKER		35.00	35.00	35.00	101
104	HOSPITAL BED - RENTAL	50.00L	50.00L	50.00L	50.00L	104
105	WALKER - RENTAL	21.25	21.25	21.25	21.25	105
106	WHEELCHAIR - RENTAL	30.00L	30.00L	30.00L	30.00L	106
107	LIQUID OXYGEN - RENTAL	92.00	92.00	92.00	92.00	107
108	HOSPITAL BED - PURCHASE	535.50L	535.50L	535.50L	535.50L	108
109	WALKER - PURCHASE	54.00	54.00	54.00	54.00	109
110	WHEELCHAIR - PURCHASE	315.00L	315.00L	315.00L	315.00L	110

1985 PREVAILING CHARGE SUMMARY DATA B/S OF UTAH

UTAH
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	SINGLE	
79	THREE CHEMISTRY TESTS	8.40	79
80	NINETEEN CHEMISTRY TESTS	16.80	80
81	CULTURE - OTHER THAN BLOOD	10.80	81
82	HEMOGLOBIN	3.00	82
83	AUTOMATED BLOOD COUNT	4.60	83
84	WHITE CELL COUNT	3.30	84
85	COMPLETE BLOOD COUNT (CBC)	4.20	85
86	CHOLESTEROL TEST	5.40	86
87	FLOCCULATION TEST	4.20	87
88	HEMATOCRIT	3.60	88
89	PLATELET COUNT (REES-ECKER)	5.70	89
90	POTASSIUM TEST - BLOOD	5.40	90
91	PROTHROMBIN TIME TEST	4.90	91
92	SEDIMENTATION RATE	4.00	92
93	BLOOD SUGAR	5.40	93
94	BUN-UREA - NITROGEN	4.50	94
95	URIC ACID	5.90	95
96	FECES-OCCULT BLOOD-SCREENING	3.30	96
97	PAP TEST	7.20	97
98	ROUTINE URINALYSIS	3.90	98
99	CHEMICAL URINALYSIS	3.60	99
100	PATHOLOGY - THREE SPECIMENS	28.00	100
101	ELEC MONITORING-PACEMAKER	35.00	101
104	HOSPITAL BED - RENTAL	52.75L	104
105	WALKER - RENTAL	17.90	105
106	WHEELCHAIR - RENTAL	33.80L	106
107	LIQUID OXYGEN - RENTAL	66.30	107
108	HOSPITAL BED - PURCHASE	601.40L	108
109	WALKER - PURCHASE	68.20	109
110	WHEELCHAIR - PURCHASE	333.10L	110

	PROCEDURE DESCRIPTION	VERMONT COMBINED LOCALITY DESIGNATION 02	
79	THREE CHEMISTRY TESTS	7.80	79
80	NINETEEN CHEMISTRY TESTS	13.80	80
81	CULTURE - OTHER THAN BLOOD	4.20	81
82	HEMOGLOBIN	3.00	82
83	AUTOMATED BLOOD COUNT	9.00	83
84	WHITE CELL COUNT	4.50	84
85	COMPLETE BLOOD COUNT (CBC)	7.20	85
86	CHOLESTEROL TEST	5.40	86
87	FLOCCULATION TEST	4.50	87
88	HEMATOCRIT	3.00	88
89	PLATELET COUNT (REES-ECKER)	6.00	89
90	POTASSIUM TEST - BLOOD	4.80	90
91	PROTHROMBIN TIME TEST	4.80	91
92	SEDIMENTATION RATE	4.50	92
93	BLOOD SUGAR	4.80	93
94	BUN-UREA - NITROGEN	3.90	94
95	URIC ACID	5.40	95
96	FECES-OCCULT BLOOD-SCREENING	3.00	96
97	PAP TEST	4.80	97
98	ROUTINE URINALYSIS	4.80	98
99	CHEMICAL URINALYSIS	1.50	99
100	PATHOLOGY - THREE SPECIMENS	28.00	100
101	ELEC MONITORING-PACEMAKER		101
104	HOSPITAL BED - RENTAL		104
105	WALKER - RENTAL	15.00	105
106	WHEELCHAIR - RENTAL	35.00L	106
107	LIQUID OXYGEN - RENTAL		107
108	HOSPITAL BED - PURCHASE		108
109	WALKER - PURCHASE	42.00	109
110	WHEELCHAIR - PURCHASE	350.00L	110

1985 PREVAILING CHARGE SUMMARY DATA THE TRAVELERS INSURANCE COMPANY

VIRGINIA
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	AREA 1	AREA 2	AREA 3	AREA 4	
79	THREE CHEMISTRY TESTS					79
80	NINETEEN CHEMISTRY TESTS	21.00*	21.00*	21.00*	21.00*	80
81	CULTURE - OTHER THAN BLOOD	11.70*	11.70*	11.70*	11.70*	81
82	HEMOGLOBIN	3.60*	3.60*	3.60*	3.60*	82
83	AUTOMATED BLOOD COUNT					83
84	WHITE CELL COUNT	3.60*	3.60*	3.60*	3.60*	84
85	COMPLETE BLOOD COUNT (CBC)	3.60*	3.60*	3.60*	3.60*	85
86	CHOLESTEROL TEST	3.60*	4.80*	4.80*	4.80*	86
87	FLOCCULATION TEST	3.80*	3.80*	3.80*	3.80*	87
88	HEMATOCRIT	3.30*	3.30*	3.30*	3.30*	88
89	PLATELET COUNT (REES-ECKER)	6.00*	6.00*	6.00*	6.00*	89
90	POTASSIUM TEST - BLOOD	4.80*	4.80*	4.80*	4.80*	90
91	PROTHROMBIN TIME TEST	4.20*	4.20*	4.20*	4.20*	91
92	SEDIMENTATION RATE	3.60*	3.60*	3.60*	3.60*	92
93	BLOOD SUGAR	4.20*	4.20*	4.20*	4.20*	93
94	BUN-UREA - NITROGEN	4.80*	4.80*	4.80*	4.80*	94
95	URIC ACID	4.35*	4.35*	4.35*	4.35*	95
96	FECES-OCCULT BLOOD-SCREENING	3.00*	3.00*	3.00*	3.00*	96
97	PAP TEST	7.00*	7.00*	7.00*	7.00*	97
98	ROUTINE URINALYSIS	4.20*	4.20*	4.20*	4.20*	98
99	CHEMICAL URINALYSIS					99
100	PATHOLOGY - THREE SPECIMENS	37.00*	27.00*	36.00*	45.00*	100
101	ELEC MONITORING-PACEMAKER	30.00*	28.00*	30.00*	30.00*	101
104	HOSPITAL BED - RENTAL	65.00*	65.00*	65.00*	65.00*	104
105	WALKER - RENTAL	20.00*	20.00*	20.00*	20.00*	105
106	WHEELCHAIR - RENTAL	35.00*	35.00*	35.00*	35.00*	106
107	LIQUID OXYGEN - RENTAL	112.00*	112.00*	112.00*	112.00*	107
108	HOSPITAL BED - PURCHASE	545.00*	545.00*	545.00*	545.00*	108
109	WALKER - PURCHASE	63.00*	63.00*	63.00*	63.00*	109
110	WHEELCHAIR - PURCHASE	365.00*	365.00*	365.00*	365.00*	110

1985 PREVAILING CHARGE SUMMARY DATA WASHINGTON PHYSICIANS SERVICE

	PROCEDURE DESCRIPTION	WASHINGTON COMBINED LOCALITY DESIGNATION 01	02	03	
79	THREE CHEMISTRY TESTS	7.20*	7.20*		79
80	NINETEEN CHEMISTRY TESTS		12.60*		80
81	CULTURE - OTHER THAN BLOOD	11.80*	11.80*	11.80*	81
82	HEMOGLOBIN	3.50*	3.50*	3.50*	82
83	AUTOMATED BLOOD COUNT	6.60*	6.60*	6.60*	83
84	WHITE CELL COUNT	3.60*	3.60*	3.60*	84
85	COMPLETE BLOOD COUNT (CBC)	5.30*	5.30*	5.30*	85
86	CHOLESTEROL TEST	6.90*	6.90*	6.90*	86
87	FLOCCULATION TEST	5.10*	5.10*	5.10*	87
88	HEMATOCRIT	3.60*	3.60*	3.60*	88
89	PLATELET COUNT (REES-ECKER)	6.50*	6.50*	6.50*	89
90	POTASSIUM TEST - BLOOD	6.90*	6.90*	6.90*	90
91	PROTHROMBIN TIME TEST	6.60*	6.60*	6.60*	91
92	SEDIMENTATION RATE	4.80*	4.80*	4.80*	92
93	BLOOD SUGAR	6.90*	6.90*	6.90*	93
94	BUN-UREA - NITROGEN	6.20*	6.20*	6.20*	94
95	URIC ACID	7.00*	7.00*	7.00*	95
96	FECES-OCCULT BLOOD-SCREENING	3.10*	3.10*	3.10*	96
97	PAP TEST	7.20*	7.20*	7.20*	97
98	ROUTINE URINALYSIS	5.10*	5.10*	5.10*	98
99	CHEMICAL URINALYSIS	3.10*			99
100	PATHOLOGY - THREE SPECIMENS	35.00*	60.00*	45.00*	100
101	ELEC MONITORING-PACEMAKER	33.60*	32.00*	29.90*	101
104	HOSPITAL BED - RENTAL	64.68*	80.31*	74.11*	104
105	WALKER - RENTAL	14.40*	24.27*	18.97*	105
106	WHEELCHAIR - RENTAL	32.34*	42.58*	31.80*	106
107	LIQUID OXYGEN - RENTAL	94.86*	103.49*	90.55*	107
108	HOSPITAL BED - PURCHASE	917.92*	917.92*	917.92*	108
109	WALKER - PURCHASE	61.66*	68.51*	69.85*	109
110	WHEELCHAIR - PURCHASE	538.84*	415.42*	428.93*	110

1985 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.

WEST VIRGINIA
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	16	17	18	19	
79	THREE CHEMISTRY TESTS	12.00	12.00	12.00	12.00	79
80	NINETEEN CHEMISTRY TESTS	25.10	25.10	25.10	25.10	80
81	CULTURE - OTHER THAN BLOOD	12.00	12.00	12.00	12.00	81
82	HEMOGLOBIN	4.80	4.80	4.80	4.80	82
83	AUTOMATED BLOOD COUNT					83
84	WHITE CELL COUNT	4.80	4.80	4.80	4.80	84
85	COMPLETE BLOOD COUNT (CBC)	9.00	9.00	9.00	9.00	85
86	CHOLESTEROL TEST	6.00	6.00	6.00	6.00	86
87	FLOCCULATION TEST	6.60	6.60	6.60	6.60	87
88	HEMATOCRIT	4.80	4.80	4.80	4.80	88
89	PLATELET COUNT (REES-ECKER)	6.00	6.00	6.00	6.00	89
90	POTASSIUM TEST - BLOOD	6.00	6.00	6.00	6.00	90
91	PROTHROMBIN TIME TEST	6.60	6.60	6.60	6.60	91
92	SEDIMENTATION RATE	6.60	6.60	6.60	6.60	92
93	BLOOD SUGAR	6.00	6.00	6.00	6.00	93
94	BUN-UREA - NITROGEN	6.00	6.00	6.00	6.00	94
95	URIC ACID	6.00	6.00	6.00	6.00	95
96	FECES-OCCULT BLOOD-SCREENING	3.00	3.00	3.00	3.00	96
97	PAP TEST	8.40	8.40	8.40	8.40	97
98	ROUTINE URINALYSIS	5.40	5.40	5.40	5.40	98
99	CHEMICAL URINALYSIS	2.40	2.40	2.40	2.40	99
100	PATHOLOGY - THREE SPECIMENS	39.90	39.90	39.90	39.90	100
101	ELEC MONITORING-PACEMAKER	33.90	39.90	39.90	39.90	101
104	HOSPITAL BED - RENTAL	50.00L	65.00	50.00L	63.00	104
105	WALKER - RENTAL	20.00	20.00	20.00	16.00	105
106	WHEELCHAIR - RENTAL	25.00L	25.00L	25.00L	25.00L	106
107	LIQUID OXYGEN - RENTAL	87.23	87.23	87.23	87.23	107
108	HOSPITAL BED - PURCHASE	573.00L	573.00L	573.00L	573.00L	108
109	WALKER - PURCHASE	56.88	56.88	61.15	56.88	109
110	WHEELCHAIR - PURCHASE	293.95L	293.95L	293.95L	293.95L	110

1985 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO. WEST VIRGINIA
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	20	
79	THREE CHEMISTRY TESTS	12.00	79
80	NINETEEN CHEMISTRY TESTS	25.10	80
81	CULTURE - OTHER THAN BLOOD	12.00	81
82	HEMOGLOBIN	4.80	82
83	AUTOMATED BLOOD COUNT		83
84	WHITE CELL COUNT	4.80	84
85	COMPLETE BLOOD COUNT (CBC)	9.00	85
86	CHOLESTEROL TEST	6.00	86
87	FLOCCULATION TEST	6.60	87
88	HEMATOCRIT	4.80	88
89	PLATELET COUNT (REES-ECKER)	6.00	89
90	POTASSIUM TEST - BLOOD	6.00	90
91	PROTHROMBIN TIME TEST	6.60	91
92	SEDIMENTATION RATE	6.60	92
93	BLOOD SUGAR	6.00	93
94	BUN-UREA - NITROGEN	6.00	94
95	URIC ACID	6.00	95
96	FECES-OCCULT BLOOD-SCREENING	3.00	96
97	PAP TEST	8.40	97
98	ROUTINE URINALYSIS	5.40	98
99	CHEMICAL URINALYSIS	2.40	99
100	PATHOLOGY - THREE SPECIMENS	39.90	100
101	ELEC MONITORING-PACEMAKER	39.90	101
104	HOSPITAL BED - RENTAL	50.00L	104
105	WALKER - RENTAL	24.00	105
106	WHEELCHAIR - RENTAL	25.00L	106
107	LIQUID OXYGEN - RENTAL	87.23	107
108	HOSPITAL BED - PURCHASE	573.00L	108
109	WALKER - PURCHASE	69.50	109
110	WHEELCHAIR - PURCHASE	293.95L	110

1985 PREVAILING CHARGE SUMMARY DATA WISCONSIN PHYSICIANS SERVICE

	PROCEDURE DESCRIPTION	WISCONSIN COMBINED LOCALITY DESIGNATION A-01	B-12	C-13	D-14	
79	THREE CHEMISTRY TESTS	12.90	12.90	12.90	12.90	79
80	NINETEEN CHEMISTRY TESTS	26.60	26.60	26.60	26.60	80
81	CULTURE - OTHER THAN BLOOD	17.60	17.60	17.60	17.60	81
82	HEMOGLOBIN	3.80	3.80	3.80	3.80	82
83	AUTOMATED BLOOD COUNT	9.30	9.30	9.30	9.30	83
84	WHITE CELL COUNT	3.80	3.80	3.80	3.80	84
85	COMPLETE BLOOD COUNT (CBC)	13.80	13.80	13.80	13.80	85
86	CHOLESTEROL TEST	7.80	7.80	7.80	7.80	86
87	FLOCCULATION TEST	6.60	6.60	6.60	6.60	87
88	HEMATOCRIT	4.00	4.00	4.00	4.00	88
89	PLATELET COUNT (REES-ECKER)	8.70	8.70	8.70	8.70	89
90	POTASSIUM TEST - BLOOD	7.20	7.20	7.20	7.20	90
91	PROTHROMBIN TIME TEST	6.90	6.90	6.90	6.90	91
92	SEDIMENTATION RATE	4.90	4.90	4.90	4.90	92
93	BLOOD SUGAR	7.20	7.20	7.20	7.20	93
94	BUN-UREA - NITROGEN	7.20	7.20	7.20	7.20	94
95	URIC ACID	7.50	7.50	7.50	7.50	95
96	FECES-OCCULT BLOOD-SCREENING	4.00	4.00	4.00	4.00	96
97	PAP TEST	7.30	7.30	7.30	7.30	97
98	ROUTINE URINALYSIS	5.70	5.70	5.70	5.70	98
99	CHEMICAL URINALYSIS	3.20	3.20	3.20	3.20	99
100	PATHOLOGY - THREE SPECIMENS	35.00	31.00	31.00	31.00	100
101	ELEC MONITORING-PACEMAKER	40.00	36.30*	36.40*	34.10*	101
104	HOSPITAL BED - RENTAL	40.00L	40.00L	40.00L	40.00L	104
105	WALKER - RENTAL	30.90	10.00	10.00	10.00	105
106	WHEELCHAIR - RENTAL	27.00L	27.00L	27.00L	27.00L	106
107	LIQUID OXYGEN - RENTAL	120.00	80.00	80.00	80.00	107
108	HOSPITAL BED - PURCHASE	529.70L	529.70L	529.70L	529.70L	108
109	WALKER - PURCHASE	68.00	46.90	46.90	46.90	109
110	WHEELCHAIR - PURCHASE	311.00L	311.00L	311.00L	311.00L	110

1985 PREVAILING CHARGE SUMMARY DATA WISCONSIN PHYSICIANS SERVICE

	PROCEDURE DESCRIPTION	WISCONSIN COMBINED LOCALITY DESIGNATION K-15	E-19	F-36	G-40	
79	THREE CHEMISTRY TESTS	12.90	12.90	12.90	12.90	79
80	NINETEEN CHEMISTRY TESTS	26.60	26.60	26.60	26.60	80
81	CULTURE - OTHER THAN BLOOD	17.60	17.60	17.60	17.60	81
82	HEMOGLOBIN	3.80	3.80	3.80	3.80	82
83	AUTOMATED BLOOD COUNT	9.30	9.30	9.30	9.30	83
84	WHITE CELL COUNT	3.80	3.80	3.80	3.80	84
85	COMPLETE BLOOD COUNT (CBC)	13.80	13.80	13.80	13.80	85
86	CHOLESTEROL TEST	7.80	7.80	7.80	7.80	86
87	FLOCCULATION TEST	6.60	6.60	6.60	6.60	87
88	HEMATOCRIT	4.00	4.00	4.00	4.00	88
89	PLATELET COUNT (REES-ECKER)	8.70	8.70	8.70	8.70	89
90	POTASSIUM TEST - BLOOD	7.20	7.20	7.20	7.20	90
91	PROTHROMBIN TIME TEST	6.90	6.90	6.90	6.90	91
92	SEDIMENTATION RATE	4.90	4.90	4.90	4.90	92
93	BLOOD SUGAR	7.20	7.20	7.20	7.20	93
94	BUN-UREA - NITROGEN	7.20	7.20	7.20	7.20	94
95	URIC ACID	7.50	7.50	7.50	7.50	95
96	FECES-OCCULT BLOOD-SCREENING	4.00	4.00	4.00	4.00	96
97	PAP TEST	7.30	7.30	7.30	7.30	97
98	ROUTINE URINALYSIS	5.70	5.70	5.70	5.70	98
99	CHEMICAL URINALYSIS	3.20	3.20	3.20	3.20	99
100	PATHOLOGY - THREE SPECIMENS	31.00	31.00	31.00	31.00	100
101	ELEC MONITORING-PACEMAKER	37.10*	37.30*	33.60*	37.60*	101
104	HOSPITAL BED - RENTAL	40.00L	40.00L	40.00L	40.00L	104
105	WALKER - RENTAL	10.00	10.00	10.00	10.00	105
106	WHEELCHAIR - RENTAL	27.00L	27.00L	27.00L	27.00L	106
107	LIQUID OXYGEN - RENTAL	80.00	80.00	80.00	80.00	107
108	HOSPITAL BED - PURCHASE	529.70L	529.70L	529.70L	529.70L	108
109	WALKER - PURCHASE	46.90	46.90	46.90	46.90	109
110	WHEELCHAIR - PURCHASE	311.00L	311.00L	311.00L	311.00L	110

1985 PREVAILING CHARGE SUMMARY DATA WISCONSIN PHYSICIANS SERVICE

	PROCEDURE DESCRIPTION	WISCONSIN COMBINED LOCALITY DESIGNATION H-46	I-54	J-60	
79	THREE CHEMISTRY TESTS	12.90	12.90	12.90	79
80	NINETEEN CHEMISTRY TESTS	26.60	26.60	26.60	80
81	CULTURE - OTHER THAN BLOOD	17.60	17.60	17.60	81
82	HEMOGLOBIN	3.80	3.80	3.80	82
83	AUTOMATED BLOOD COUNT	9.30	9.30	9.30	83
84	WHITE CELL COUNT	3.80	3.80	3.80	84
85	COMPLETE BLOOD COUNT (CBC)	13.80	13.80	13.80	85
86	CHOLESTEROL TEST	7.80	7.80	7.80	86
87	FLOCCULATION TEST	6.60	6.60	6.60	87
88	HEMATOCRIT	4.00	4.00	4.00	88
89	PLATELET COUNT (REES-ECKER)	8.70	8.70	8.70	89
90	POTASSIUM TEST - BLOOD	7.20	7.20	7.20	90
91	PROTHROMBIN TIME TEST	6.90	6.90	6.90	91
92	SEDIMENTATION RATE	4.90	4.90	4.90	92
93	BLOOD SUGAR	7.20	7.20	7.20	93
94	BUN-UREA - NITROGEN	7.20	7.20	7.20	94
95	URIC ACID	7.50	7.50	7.50	95
96	FECES-OCCULT BLOOD-SCREENING	4.00	4.00	4.00	96
97	PAP TEST	7.30	7.30	7.30	97
98	ROUTINE URINALYSIS	5.70	5.70	5.70	98
99	CHEMICAL URINALYSIS	3.20	3.20	3.20	99
100	PATHOLOGY - THREE SPECIMENS	31.00	31.00	31.00	100
101	ELEC MONITORING-PACEMAKER	36.60*	34.30*	38.00	101
104	HOSPITAL BED - RENTAL	40.00L	40.00L	40.00L	104
105	WALKER - RENTAL	10.00	10.00	10.00	105
106	WHEELCHAIR - RENTAL	27.00L	27.00L	27.00L	106
107	LIQUID OXYGEN - RENTAL	80.00	80.00	80.00	107
108	HOSPITAL BED - PURCHASE	529.70L	529.70L	529.70L	108
109	WALKER - PURCHASE	46.90	46.90	46.90	109
110	WHEELCHAIR - PURCHASE	311.00L	311.00L	311.00L	110

1985 PREVAILING CHARGE SUMMARY DATA EQUITABLE LIFE ASSURANCE SOCIETY WYOMING
COMBINED LOCALITY DESIGNATION

	PROCEDURE DESCRIPTION	SINGLE	
79	THREE CHEMISTRY TESTS	11.40	79
80	NINETEEN CHEMISTRY TESTS	20.40	80
81	CULTURE - OTHER THAN BLOOD	7.20	81
82	HEMOGLOBIN	3.00	82
83	AUTOMATED BLOOD COUNT		83
84	WHITE CELL COUNT	3.00	84
85	COMPLETE BLOOD COUNT (CBC)	10.20	85
86	CHOLESTEROL TEST	7.20	86
87	FLOCCULATION TEST	5.10	87
88	HEMATOCRIT	3.60	88
89	PLATELET COUNT (REES-ECKER)	6.00	89
90	POTASSIUM TEST - BLOOD	8.40	90
91	PROTHROMBIN TIME TEST	6.00	91
92	SEDIMENTATION RATE	5.40	92
93	BLOOD SUGAR	7.20	93
94	BUN-UREA - NITROGEN	9.00	94
95	URIC ACID	9.00	95
96	FECES-OCCULT BLOOD-SCREENING	3.00	96
97	PAP TEST	6.40*	97
98	ROUTINE URINALYSIS	4.80	98
99	CHEMICAL URINALYSIS		99
100	PATHOLOGY - THREE SPECIMENS	54.00*	100
101	ELEC MONITORING-PACEMAKER	26.20*	101
104	HOSPITAL BED - RENTAL	30.00*	104
105	WALKER - RENTAL		105
106	WHEELCHAIR - RENTAL	28.50*	106
107	LIQUID OXYGEN - RENTAL		107
108	HOSPITAL BED - PURCHASE	94.30*	108
109	WALKER - PURCHASE		109
110	WHEELCHAIR - PURCHASE	49.70*	110

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